



PER













# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, July, 1919

Number 1

## ORIGINAL ARTICLES

### A BRIEF STUDY OF INFLUENZA.\*

LT. J. M. PERRET, M. C., U. S. N. R. F.,  
Pensacola, Florida.

The subject which I have chosen will, I hope, prove acceptable to you. It is a very extensive one and with the time which I have at my disposal tonight, I fully realize that it can not be covered very thoroughly. It will, however, give us a chance to compare our experiences and, hence, we will be able to derive mutual benefit.

The name "influenza" is derived from the Latin, "*Ab coeli occultes quadam influentia*," which, translated into English, means "from some hidden influence in the sky." Considering the present state of our knowledge, it seems to have been appropriately named. Hirsch, in his Handbook of Geographical and Historical Pathology, gives many interesting facts about its history. It seems probable that the disease dates back to prehistoric times, for the earliest recorded observations give references to a disease which was similar to influenza. The first clearly recognizable epidemic occurred in Italy, Germany and England in 1173, and between that year and 1875, 299 epidemics are recorded. I will only allude to those pandemics of influenza which spread throughout the whole world; these were in 1580, 1729-33, 1781-82 (beginning in China and India), 1788-90 (beginning in Russia), 1799-1803 (beginning in Russia), 1830-33, 1836-37 (beginning in Australia), 1889-90 (beginning in Turkestan), and finally the great pandemic which reached America in the fall of 1918.

The exact number of people that have been attacked is purely a subject for specula-

tion, as all the cases have not been reported. Jordan estimates that about one-third of the people in this country were attacked and that 2 per cent of these died, which would give us about 30,000,000 cases and 600,000 deaths in the United States alone. It is at once apparent that influenza was far more serious for us than the Great War.

In the United States Navy there were from July 13th to December 14th 80,683 cases, and as the estimated complement was 500,000, this would give us an incidence of 16 per cent, and as there were 4,009 deaths the mortality was 4.96 per cent. At the Naval Air Station the complement was 5,359, and as we had 1,454 cases, the case incidence was 27 per cent, and as we had 24 deaths, our mortality was 1.6 per cent. At the United States Naval Hospital at Washington, D. C., there were 568 cases with a mortality of 5.4 per cent. At the receiving ship at Charleston, S. C., there were 1,157 cases with a mortality of 1.64 per cent. At Fort Stanton, New Mexico, where there is a Tuberculosis Hospital, 149 of the 300 patients contracted influenza and the mortality was 18 per cent.

The mortality rate of influenza is put down by Osler as being very low. He cites 55,263 cases in the German Army, with a mortality of 0.1 per cent, and 22,972 cases occurring in the civilian population of Munich with a mortality of 0.5 per cent. These figures do not have reference to the recent epidemic. Unfortunately in this outbreak the disease has exacted a much higher toll.

When Shaar and myself reported our study of the epidemic of influenza at the Naval Station we were of the opinion that the damage which the respiratory tract had suffered would weaken its resistance to the

\*Read before the Escambia County Medical Society at Pensacola, May 13, 1919.

pneumococcus and meningococcus so that pneumonia and cerebro-spinal fever would show a marked increase during the winter. We also thought that dormant tuberculus foci would be lighted up. I am very glad that things did not turn out as we expected that they would. Infants and old people did not seem to be as susceptible as young and middle-aged adults.

The classification which has prevailed in the past was that of influenza vera, if the disease was caused by Pfeiffer's bacillus, and influenza nostras or grippe, if the symptoms were similar but the microorganisms were different.

Pfeiffer, in 1892, thus after the preceding pandemic, discovered a small gram negative bacillus which he thought was the specific cause of influenza. This view was generally accepted.

During an epidemic of influenza in Boston in 1907-08, Lord found *B. influenza* in practically pure culture in sputum of only 3 of 20 cases, and Davis in Chicago found the organism in only 4 of 24 cases. Later on Lord demonstrated *B. influenza* in about 30 out of 100 unselected cases of acute and chronic bronchitis; yet during this period there was no epidemic of influenza in the city. Thus long before the recent pandemic occurred there began to arise some doubt as to the relationship of *B. influenza* to influenza.

An enormous amount of bacteriological work has been done during the recent pandemic and in spite of this we must admit that we are still in the dark as to the etiological factor. It would be utterly impossible as well as inadvisable for me to try to bring before you all the work that has been done. I will quote just a few reports to give you some ideas as to the different findings.

At the Naval Hospital, Pensacola, we examined the sputums of 120 patients clinically diagnosed as influenza and the following information was obtained:

*Sixty-six Uncomplicated Cases—*

	<i>Cases. Per Cent.</i>	
Influenza bacillus .....	28	42.4
Pneumococcus .....	51	70.3
Micrococcus catarrhalis .....	20	30.3

	<i>Cases. Per Cent.</i>	
Streptococcus .....	4	6.6
Staphylococcus .....	3	5
<i>Fifty-four Influenzal Pneumonias—</i>		
Influenza bacillus .....	33	61.1
Pneumococcus .....	48	88.4
Micrococcus catarrhalis .....	7	12.9
Streptococcus .....	4	7.3
Staphylococcus .....	2	3.7

<i>Cultures of Influenzal Pneumonias, 8—</i>		
Influenza bacillus .....	1	12.5

<i>Cultures of Uncomplicated Cases, 31—</i>		
Influenza bacillus .....	4	12.9

Ten nasal cultures were negative for influenza bacilli.

At the United States Naval Hospital, New Orleans, cultural examination of 200 sputums of influenza cases showed the following:

	<i>Per Cent.</i>
Bacillus influenza .....	29
Streptococcus .....	39
Pneumococcus .....	35
Staphylococcus .....	26
Micrococcus catarrhalis .....	23

During an epidemic of influenza on board the United States Steamship *Leviathan* 242 cultures from the sputum and 51 from the blood were made:

<i>Sputum—</i>	<i>Cases.</i>	<i>Per Cent.</i>
B. influenza .....	134	55.2
Streptococcus .....	94	39
Staphylococcus .....	8	3.3
Pneumococcus .....	6	2.5
<i>Blood Cultures—</i>		
Pneumococcus .....	8	15.75
Streptococcus .....	3	6
B. Influenza .....	2	4
No growth .....	38	74.25

In September, of 250 cases of influenza at Norfolk Hospital cultures from 65 sputums were made. The predominating organism was a hemolytic streptococcus. The *B. influenza* was found in 10 per cent of cases and then not in pure culture nor in large numbers.

At the United States Naval Hospital at Chelsea, Mass., 23 autopsies were held on influenza cases and the *B. influenza* was found in 82.6 per cent of the lungs and in 31.6 per cent in pure culture. Pneumococci and streptococci were frequently found.

The Japanese bacteriologists at the Kitasato Institute for infectious diseases at Tokyo are of the opinion that "the pandemic of influenza is due to Pfeiffer's bacillus."

Pritchett and Stillman, writing in the *Journal of Experimental Medicine*, have found B. influenza present in the mouth of 43 per cent of normal individuals working in a large hospital and in 93 per cent of influenza and broncho-pneumonia cases. They think, therefore, that the microorganism may be of significance in influenza.

Bloomfield and Harrop, Bulletin of the Johns Hopkins Hospital, came to the conclusion that the epidemic of influenza of 1918 is clinically identical with the disease as seen in previous pandemics. They frankly assert that proof is lacking that the Pfeiffer bacillus is the prevailing cause of uncomplicated influenza.

Howard also, in the Bulletin of the Johns Hopkins Hospital, thinks that B. influenza is merely a secondary invader, though in some cases it may be a frequent cause of terminal broncho-pneumonia. The navy has done some interesting work in attempting to transmit influenza to the human subject. This was rendered possible by volunteers who offered themselves for the experiments, although they knew well the seriousness of the results which might follow. The Boston experiments were carried on by Rosenau, Keegan, Goldberger and Lake. Sixty-eight volunteers were used. Forty-seven of these had not had influenza during the recent epidemic and thirty-nine never had had influenza in their life. A freshly isolated culture of B. influenza was instilled in the nose of three non-immunes and in three controls who had had influenza in recent epidemic. No cases developed. Later ten non-immunes were inoculated with negative results. Thirty men were subjected to inoculation by means of spray, swab, or both, of the nose and throat with secretions both filtered and unfiltered from the upper respiratory tract of typical cases of active influenza, but the results were negative. Ten volunteers who had been subjected to inoculation with secretions were allowed to come into contact with fresh influenza cases who were made to cough in their faces, but no cases developed. In ten cases secretions of influenza cases

were injected by needle into the volunteers, but no cases developed.

The San Francisco experiments were conducted by McCoy and Richey. The volunteers had not been exposed to influenza and they had been vaccinated with a vaccine containing B. influenza, three types of pneumococci and hemolytic streptococci. Ten volunteers were divided into two squads; one group was given a heavy suspension of eight strains of B. influenza into the nostril and the other group had this emulsion passed through a Berkefeld filter; the results were negative. Forty volunteers were inoculated intranasally with an emulsion of secretions from the upper respiratory tract of active cases; negative results. Secretions were dropped into conjunctive of two volunteers with negative results. One c. c. of blood of an influenza case was injected subcutaneously into a volunteer, but he did not become sick. The unfiltered suspension used was found to contain B. influenza, pneumococci type IV and hemolytic streptococci.

It certainly seems strange that the disease could not be transmitted when we consider its great contagiousness and the fact that it has a strong tendency to spread in spite of the best efforts of the sanitarian.

The Father of Medicine was certainly wise when he said that "experience fallacious, judgment difficult." In an editorial under date of April 5, 1919, in the *Journal of the American Medical Association*, Kinsella is quoted as saying that "influenza is a disease caused by some yet undiscovered agent, which produces inflammation of the entire respiratory tract and effects a very pronounced lowering of resistance which is perhaps expressed by the constant and striking leucopenia." These views come very near expressing the true situation of our knowledge in reference to influenza.

The incubation period is short, usually one to three days. I recall the case of a father and mother of one of our patients who were called to see him as he was seriously ill with influenza, and both parents came down with the disease in forty-eight hours after seeing



him. They kissed him and the doctor afterwards told me that he had not had the heart to stop them.

At one time it seems that there was some doubt as to whether an attack of influenza conferred any immunity. Recently the evidence seems to show that there results some immunity.

Scocia relatés an epidemic of influenza at Spezia Hospital during May and June, in which every one of the eighty nurses and attendants contracted the disease. Late in September the epidemic returned, but all the nurses were spared. Maillard and Burne at the Bicetre epileptic hospital say that none of their cases who had influenza in June contracted the disease when it reappeared in October.

We went over the records of 566 uncomplicated cases and found that the average number of sick days was 6.2. We had sixty-six relapses or 4.5 per cent. Had we been able to keep our cases longer we believe that our relapses would have been fewer. But it was a question of military necessity. During an epidemic, just as during an engagement, conditions are not always ideal and we must do the best that the circumstances will allow. Our object was to send the men out as quickly as was reasonably possible, so as not to interfere with military activities, and also to make room to care for those who were sicker and needed more attention. We found that the average sick days of the cases that relapsed had been very low, only 2.78.

Our epidemic lasted seven and one-half weeks, the peak was reached on the nineteenth day and we had 1,454 cases. Twenty-seven per cent of the complement became infected.

The clinical course has been essentially that of an acute infectious disease. The earmarks of the disease has conformed closely to the description set down in text-books on the practice of medicine. The onset, as a rule, was sudden with elevation of temperature; headache, muscular and joint pains, burning of the eyes, severe lumbar backache and great weakness soon developed. The

prostration was well marked and often the patient would sleep most of the time for several days. After several days the patient would complain of pain under the sternum and which seemed to have its origin in the trachea and bronchi. As the cough became productive the chest pains would diminish. We observed nothing characteristic about the sputum. Epistaxis was rare in our cases. In some localities, however, it was frequent, thus it occurred in 20 per cent of the cases on the United States Steamship *Leviathan*. At Norfolk, out of 962 cases there were eighty of epistaxis.

An analysis of 680 fever charts of uncomplicated cases showed that 357 or 52 per cent had had a temperature ranging between 102° F. and 104° F. A careful study of 144 fever charts was undertaken to see whether there was anything peculiar about the fever curve. We noticed that 10 per cent of the cases ran a course with a double paroxysm of fever. The afebrile period would last twenty-four hours and would be followed by a secondary rise, which in all cases but two was lower than the first fever. The secondary fever would last from two to four days. The fastigium would not always be reached within twenty-four hours; sometimes this would not be reached until the third to the fifth day. In some cases an early marked remission was noted, which was soon followed by a secondary rise. In the vast majority of cases, however, there was nothing remarkable in the fever, which was usually at its height within the first twenty-four hours, and then terminated by lysis reaching normal in from three to six days.

Of forty-seven pneumonia cases crisis was noted nineteen times and lysis twenty-eight. Our experience has been that the pulse was rather slow. Of 200 observations made with temperature of 102° F. to 104° F. we have found it to average 89 per minute. Of 200 observations with a temperature of 102° F. to 104° F. the average respiratory rate was 21 per minute. The marked predilection of the influenza bacillus for the respiratory tract was quite noticeable.

Gastro-intestinal complications were rare. Physical signs in the uncomplicated cases were conspicuous by their absence. Injection of the conjunctivæ and slight redness of the throat were the usual findings. The lungs were clear in most cases.

Eichorst, a Swiss observer, paid particular attention to the heart. He found evidence of organic trouble due to influenza in only 0.3 per cent of his 2,411 cases. Functional disturbances such as tachycardia, bradycardia, extrasystoles and cardiac neuralgia were, however, extremely common.

The leucocyte count in forty uncomplicated cases averaged 7,800 per c.mm.; Keegan in twenty-eight cases found 6,700 to be an average. In twenty-nine cases of pneumonia our average was 10,200 and that of Keegan in thirty-one cases, 13,980.

The differential count is normal.

The urine of 200 uncomplicated cases was negative in 142, or 71 per cent, but in fifty-one influenza pneumonia cases it was negative in only 3, or 5 per cent. Out of our 1,454 cases we noticed the following complications and sequelæ:

	<i>Cases.</i>
(1) Pneumonia .....	79
(2) Unresolved pneumonia confirmed by X-rays .....	2
(3) Empyema .....	1
(4) Acute nephritis with pneumonia....	7
(5) Otitis media, acute .....	13
(6) Otitis media, acute with pneumonia..	4
(7) Subcutaneous emphysema .....	1
(8) Psychoses .....	2
(9) Frontal sinusitis .....	3
(10) Acute thyroiditis .....	1
(11) Phlebitis of left saphenous .....	1
(12) Acute cholecystitis .....	1
(13) Corneal ulcer .....	1
(14) Severe acute laryngitis .....	1

Of 995 cases on the United States Steamship Pittsburg there were noted:

	<i>Cases.</i>
(1) Broncho-pneumonia .....	108
(2) Lobar pneumonia .....	2
(3) Abscess of lung complicating broncho-pneumonia .....	8
(4) Otitis media, acute suppurative....	25
(5) Arthritis .....	4
(6) Gastro-intestinal disturbances .....	15
(7) Acute conjunctivitis .....	6
(8) Meningeal symptoms .....	3

Lieutenant Bradbury reports a mild epidemic of 613 cases occurring among soldiers

from May to July, 1918, and noticed the following complications:

	<i>Cases.</i>
(1) Broncho-Pneumonia .....	4
(2) Severe laryngitis .....	10
(3) Frontal sinusitis .....	1
(4) Discharging ears in old cases of chronic otitis media .....	2

Clark and Synott say that twenty cases of facial emphysema were seen in influenzal pneumonia cases at Camp Dix. The gas was usually in the tissues at the base of the neck and over upper portion of chest down to about the third rib. In two cases it was more extensive and reached arm, abdomen and flank. There were no subjective symptoms. The skin was not discolored. Distinct crepitation could be felt by the finger. Autopsy showed no signs of infection and the authors believe the gas to be the result of purely mechanical factors.

At the Naval Hospital we saw one case with the subcutaneous emphysema over entire front of the right side of the chest. This patient had a right-sided pneumonia and was also markedly jaundiced just as we see in cases of acute catarrhal jaundice.

One of our hospital corpsmen developed symptoms of dementia præcox following a severe attack of influenza, and one of our pneumonia patients became wildly delirious for several weeks; he improved after spinal puncture. Both made good recoveries.

Notkin saw two cases in which latent dementia præcox was whipped into marked cases; also two cases of acute mania and several other cases. He believes that a predisposition must exist. The onset of these psychoses is stormy, but the prognosis is favorable. Maillard and Burne had thirty-two deaths in sixty-three cases of influenza among epileptics. No seizures were noticed during the course of influenza.

Strause, of Chicago, says that loss of hair and mild menstrual disturbances have been exceedingly common.

From a practical point of view it is very important that we keep in mind chronic influenza. These cases may persist for several years and have abundant sputum, and some-

times blood-streaked sputum. These cases simulate pulmonary tuberculosis very closely.

Pneumonia has been the most frequent as well as the most serious complication of the epidemic. It has accounted for all our fatalities. The average number of days from the onset of influenza to the development of pneumonia in sixty-three cases averaged 5.6 days.

The onset was insidious. A chill, pleuritic pain and herpes were very uncommon. Delirium was frequent. A dusky color of the skin and cyanosis were early and striking features. The rusty, thick and sticky sputum characteristic of pneumococcal lobar pneumonia was rarely noticed. A few cases early in the disease expectorated bright-red blood. The fever ranged between 102.5° F. to 105° F., continuous, and having slight remissions. In the majority of cases it terminated by lysis. The respirations were increased as in ordinary pneumonia cases. The physical signs were fairly constant. They were always bilateral, but far more marked in one lung in most cases. The first evidence of the trouble would be found at the bases posteriorly. In one lung there would be evidence of a small consolidated area deeply seated, *i. e.*, slight dullness, broncho-vesicular breathing, distant bronchial breathing or whispered pectoriloquy. At the opposite base one would hear subcrepitant rales. If the case was re-examined at the end of twenty-four to forty-eight hours, evidences of a massive consolidation could now be made out in one lung and the physical signs would not be well marked in the other lung. Whispered pectoriloquy was our most valuable aid in arriving at an early diagnosis of lung consolidation.

Although our cases, as we have gathered them from the records, show twenty-five cases of lobar pneumonia out of seventy-nine cases of pneumonia, we believe that this is too high an incidence. It must be remembered that the broncho-pneumonias in this epidemic were not typical and that so much lung tissue was involved that the diagnosis of lobar pneumonia made on clinical findings

was excusable. Usually a diagnosis of broncho-pneumonia has to be made on signs of a localized bronchitis with symptoms of pneumonia. The insidious onset, the rarity of pleural involvement and rusty sputum together with the low blood-count, ought to have made us favor a diagnosis of broncho instead of lobar pneumonia.

Autopsy findings which have been reported have shown that the lesions were those of massive broncho-pneumonia in the vast majority of cases.

5.4 per cent of our 1,454 cases of influenza developed pneumonia.

At Charleston, S. C., 5.6 per cent of 1,157 cases of influenza contracted pneumonia.

The prophylaxis, theoretically, should be on similar lines as that for any acute infectious respiratory disease. Droplet infection and finger contamination are perhaps the greatest disseminators of the infection. When we recall the Boston and San Francisco experiments, we are forced to admit that we are not positive as to how the infection is spread.

The experience gathered from an experiment at the United States Naval Training Station at Great Lakes, Ill., with the gauze mask is interesting. There were 574 hospital corpsmen and volunteers, ninety-six of whom wore gauze masks, 8.3 per cent of these wearing masks contracted influenza and 7.9 per cent of those who did not wear masks. Some very favorable reports however have been made as to the value of masks in the prevention of the spread of droplet infection.

Gilmar is very enthusiastic about urotropin. He administered five grains three times a day to 611 cases, and only one developed influenza and this man had not taken his urotropin regularly.

Betti relates that among 1,100 malarial soldiers taking treatment for malaria at Lake Como, only five contracted influenza and they had mild cases.

Recio used a polyvalent vaccine on 300 cases and only five developed influenza. He



vaccinated 100 children at Carraguez and none contracted the disease.

Mann, of Quantico, Va., relates his experience with 200 Marines, 108 of whom had received one or more injections of influenzal vaccine. He says that the disease was less severe in the vaccinated cases.

A very interesting contribution is that of Sherman, of Pittsburg, at the Homestead plant. Among 1,687 employees who were not inoculated, 588 or 30 per cent contracted influenza and there were 42 deaths, 2.5 per cent. Five hundred and ninety-six received one inoculation, 213 or 3.5 per cent contracted the disease and there were nine deaths, 1.5 per cent. 5,222 received two inoculations, 174 or 3.2 per cent became infected and there were four deaths, 2.3 per cent. 4,720 received three inoculations, 63 or 1.4 per cent contracted influenza, but there were no deaths.

Treatment is rather unsatisfactory. Rest in bed, hydrotherapy internally and externally, a mild purgative, Dover's powders, aspirin and the salicylates and meeting the symptoms as they arise, give about as good results as any treatment we have. It is my opinion that the patient should have as much food as he can handle, being guided by the appetite. This will supply him with antibodies to overcome the infection. Drastic purgation is inadvisable as the patient is already too weak.

Giuseppi, an Italian observer, treated 250 cases with camphor and one died. In another series of 200 cases treated without camphor he had four deaths. He gives four grains of camphor three times a day or every 3 hours in bad cases.

Mann had an experience with 3,000 cases. He believes that the disease is essentially a toxemia. He uses small doses of calomel to stimulate the liver. One-fourth grain is given every half hour for six or eight doses, then one-tenth grain three times a day for three days. Results are said to be good.

Other observers have claimed wonderful results by use of alkalies.

Kennedy and others have reported good results from the use of convalescent human

serum in cases of influenzal pneumonia. He used it in thirty-seven cases of pneumonia and lost only one case. At first his mortality without serum was from 50 to 60 per cent, later dropping to 30 per cent.

Gould, at United States Naval Hospital at New York, had 320 cases of influenzal broncho-pneumonia, with a mortality of 26.16 per cent. He treated 30 cases with the serum of convalescent patients and only lost two.

Our treatment here has been along general lines. The treatment was begun with five grains of calomel in one dose, followed by a saline. The calomel was given in one dose as we did not wish to disturb the patient any more than was absolutely necessary. As our patients were young adults and in good physical condition before the onset of their present disease, this treatment did not seem too drastic.

We have gone over 780 routine urinalyses made at the hospital and have found indican in 450, or 57 per cent, of the urines. This gives us an idea of putrefaction going on in the bowel and makes us feel that a purgative at the onset of an infectious disease is not superfluous.

Whiskey, one-half ounce, well diluted with water, was used every four hours as a matter of routine when the pulse became weak. It did not seem to do any good and I confess that my faith in alcohol as a stimulant is about shattered.

Tincture of digitalis, thirty drops every four hours by mouth, or ten to fifteen minims by hypodermic in very bad cases, seemed to be of real value. If we were asked which was the one best stimulant in pneumonia we would have no hesitation in saying that it was digitalis. The tincture by needle is a little irritating and painful and is sometimes followed by some induration, but we did not see any abscesses follow.

Another drug that appeared to do good when the patient was restless and could not sleep was codeine sulphate, one-half given by hypodermic. Trional in five- to ten-grain doses acted well.

In the early days of the disease, when bright-red blood was expectorated, a hypodermic of atropine sulphate acted beneficially. Later on, when there were coarse rales and edema of the lungs was developing, atropine would do no good. The patient would drown in his own secretions.

Camphor in oil, strychnine sulphate, caffeine and sodium benzoate were all tried, but seemed to be of very little value.

Spinal puncture, using cocaine half per cent solution as a local anesthetic, was used in one case which was wildly delirious; 20 c.c. of clear fluid under pressure were relieved and the patient was quiet for six hours. He made a good recovery.

Spinal puncture should be used more frequently in delirious pneumonia cases. Venesection was done in two cases showing cardiac embarrassment. 180 to 200 c.c. were removed. The patients were relieved for a few hours. Perhaps if we had done this earlier it might have done more good. Some men have been very enthusiastic about bleeding and then infusing in pneumonia. Oxygen was given by inhalation when the patients became cyanosed. It proved useless. I know of only one case that it helped. In two cases we gave oxygen by needle in the subcutaneous tissues of the abdominal and thoracic walls. An important precaution in carrying out this procedure is to insert the needle subcutaneously and see that it is not in a vein. I merely used the hypodermoclysis needle and tube and connected them to the oxygen tank. The purpose of using this method is based on the theory that the erythrocytes are capable of utilizing the oxygen and make up for the difficulty of oxygen absorption in a lung which is extensively involved and where the exudate is so excessive as to diminish the surface of contact between the blood and oxygen inhaled and that the latter is not absorbed in sufficient amount to sustain life. Another advantage is that the oxygen is held in a reservoir, as it were, and can be utilized continuously.

The use of oxygen by needle is not new,

it was used by a Mexican named Lopez six years ago. It seems worthy of trial.

We allowed our pneumonia patients to sit up in bed for one hour, using a back rest, seven days after the temperature had been normal. The time was gradually lengthened so that in about two weeks after the fever had subsided they would be walking about.

---

## ORGANIZING FOR COMMUNITY HEALTH.\*

O. H. Cox,

Passed Assistant Surgeon, U. S. P. H. S.,  
Pensacola, Fla.

*Mr. President and Members of the Florida State Medical Association and Visitors:*

My purpose for appearing before you is several-fold. Surgeon General Rupert Blue ordered me to attend your meeting to represent the United States Public Health Service.

I have been on duty in the state sixteen months and have a fair acquaintance with men, affairs, and events from the point of view of sanitation. I count the members of the state health organization and all the state's physicians as good friends. I hail from West Florida now, and am possibly the only representative for Pensacola and Escambia county.

But *personally* I am more than delighted to be allowed the privilege of mingling with the doctors of Florida on more than a mere guest basis. Really, I feel like one of you. The meeting in Tampa last year decided me to attend repeatedly if possible.

My narrative may seem outside your immediate interests, but please forbear and consider that there is supposed to be a moral to adorn the tale, namely, "You can accomplish most anything worth-while along public health lines, if you can *get the people to understand.*"

Nobody with a properly functioning mind nowadays denies that sanitation pays. How

---

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

to prevent certain diseases and keep up the general public health to a better degree has become more than a theory. Therefore we have official organizations for health. A brief sketch of these agencies may be used as a setting for further remarks.

The Public Health Service, in which Federal activities center, is mostly advisory and least executive when applied to national domestic problems.

State boards of health are more advisory and less executive within their own boundaries. Remember no two are organized the same. Local organizations are least advisory and most executive or administrative, and the county is a comfortable unit to handle.

All have grown up from an original idea of self-preservation and the local board of health was the first to organize in colonial days. The State and Federal Boards came into being as interstate and international intercourse became more complex.

In accordance with the provision of the Federal Constitution, powers not expressly delegated by that legal instrument to the Federal Government are reserved by the individual states to themselves. Therefore all laws of sanitation and public health must be in conformity with state laws, although we must consider interstate relations. There seems to be no reason why the Public Health Service should not assist state boards of health in raising the standards of administration among the local health organizations where most executive authority lies. In this way all are synchronized and have the benefits of special investigations and expert advice.

Many of these theories of sovereignty have gone by the board during the war period or have been worked out in practical affairs much to the advantage of all concerned, it is believed. This is illustrated by the methods followed for sanitation in the extra-cantonment zones all over the country.

Official orders during the first week of February, 1919, transferring me from the extra-cantonment zone of Camp Joseph E. Johnston at Jacksonville to Pensacola, read

in part, "You will confer with state and local health officials with a view to placing health activities on a better basis." This may serve to illustrate what should be the mutual attitude of the three primary health organizations whose duties we have sketched.

A free translation of such orders is necessary. How would you proceed at each turn?

Geographically we found Escambia to be the last of the western tier of counties bordering along the gulf. The entire population is around 75,000 people.

Pensacola is the only incorporated city and has perhaps 50,000 of the county's population. This would make its proportion two to one or two in three.

Naturally the city has a splendid harbor, the topography is rolling sufficiently to insure drainage, the climate is good, the soil fair, and inland waterways are at hand.

Industrially there exists a large naval air station, an army post, a shipyard, two railroads, water-shipping facilities, oil terminals, a turpentine plant, and a number of other important activities of trade.

But while enumerating these many advantages there is apt to go through one's mind the old tune of "Greenland's Icy Mountains," because there was an unconsolidated public spirit which is very difficult to define. It would meet a man in solid phalanx any time he set forth on his round of duties. Perhaps this exists everywhere. To meet such a spirit of doubt requires perseverance while the various antagonistic forces are being lined up for concerted progressive action in public health matters.

Since last summer when the amount of typhoid fever amounted to virtually an epidemic (with over thirty deaths in Pensacola), some attempts had been made through the fall and winter to remedy conditions, mostly as to the cause of it. Prejudice and opposition were still strong, however, and there was needed a more definite expression of public opinion through having all the people *understand* the situation. They are getting thoroughly awake, it is believed now.

The following resumé of the health de-



partment which did exist in Pensacola and its purposes may serve to demonstrate why efforts for better sanitation were so difficult and barren of proper results. It may be typical of many cities, large and small:

(1) One of the three city commissioners is designated as Commissioner of Health, by the consent of the other two.

(2) A local physician is appointed by him to serve under his direction as part-time Health Officer, and also to act as City Physician.

(3) The force consisted of six men, appointed by the Commissioner of Health. Four were field sanitary inspectors, one was milk and dairy inspector, and the other food and market inspector.

(4) Morbidity reporting by physicians was practically negligible. Some oppose it bitterly.

(5) No provision was made for medical or nursing inspection of schools.

(6) There existed 3,000 surface privies among the 5,000 and odd houses in town.

(7) Shallow open and driven wells abounded to the number of 400 and more.

(8) Restaurants and all food handlers were not systematically checked in any insanitary practices they wished to follow.

(9) Most any kind of milk could be sold in town as long as the dealer paid for his license.

(10) Drainage involving the mosquito and malaria problem was not considered.

The State Board maintained a sanitary patrolman in that region and a well-equipped and well-manned laboratory. Of course the district Health Officer could not devote all his time to that section.

The storm center seemed to be around the box-and-can privy system. With a proper scavenger system and close supervision this is the best and only way to dispose of human excreta, especially where living conditions are crowded. An ordinance had been adopted by the city to this effect and approved by the State Board of Health, which is legal and proper. There were many objections to this system, and the best answer in support of it

was to state that if a properly functioning health department was organized and put into operation effectively, maintenance would not be impossible.

The main reason for preparing this paper is to demonstrate to you the many vicissitudes and unexpected turns one finds when he begins to organize a community for health. You, as physicians, understand that it is not well for excreta to lie exposed in back yards and along alleys for weeks and months at a time. You realize the need for cleanly prepared food and milk. You know the risks that need not be taken and how to avoid contracting contagious diseases. But the public does not fully understand and until they do understand and act accordingly, the public health official can not get the results that should be obtained.

After several days, with most of the facts in hand, it was decided to declare for a "new deal." Accordingly the Commissioner of Health was requested to:

"Appoint the Public Health Service officer as chief sanitarian for the city and to give the two men detailed by the service with him police power and other authority to carry out local regulations;

"Turn over the six city sanitary inspectors for use where needed. This was arranged as a mutual understanding;

"A survey of the unsewered sections was begun on March 1st to determine especially where sanitary privies must be installed. Observation was made of course on other conditions such as wells and stables. The sanitary conditions on all such premises were therefore indexed by the survey cards with all other information necessary."

If you, in your community, should happen to be in charge of the installation of a privy system of this kind, which is the next best to a sewer, you may have the same trouble as was encountered in Pensacola in determining on details. It may look difficult to get a reliable scavenger. But if a good disposal wash station is built, the uniform-sized heavy galvanized iron cans, 15 by 15 inches, are easily handled. Our first ordinance, which

called for a fixed contract price on all boxes and outfits, was repealed March 3d because it looked too oppressive, and some of the commissioners declared that the people should be given full choice in construction as long as they built according to specifications. The main ideas were incorporated in a second ordinance a week after the first was repealed, and the work proceeded so well that from the 10th of March to the middle of April nearly 1,000 boxes and cans were installed. "Periscopes," as our boys call the flue-vent pipes, could be seen sticking up all over town. Then a heavy property owner, representing a group of others also, decided to attack the validity of the ordinance. On two counts the judge decided against it. It was claimed that for the kind of building that must have a privy it was not specific enough. Also that the Commissioner of Health was given too much discretionary power in extending time for compliance over the regular fifteen days after notice was served, though good cause could be shown. Apparently no trust was to be shown for any man elected by the people. \*

At this time the State Supreme Court has not passed on the ruling, though it was appealed promptly by the city attorney. The plaintiff, however, "came into camp" and gave orders to have his privies installed. But even this served to delay and hinder the work of sanitation. Everybody stopped building and held their breath, so to speak, waiting to see what would happen. A new ordinance was drafted and did not come up for third reading and final passage until May 13th. A whole month had been lost on account of a few wilful mischief-makers. It was more stringent than before.

A petition with several hundred signers purporting to ask for a special bond issue to extend sewers and not to pass the ordinance was presented. Strong support of this movement was expected and citizens in support of the ordinance appeared in considerable numbers prepared to talk for it. The Rotary Club, whose name signifies the kind of men in it, appeared in a body fifty strong and

voiced their sentiments for sanitation now when it is needed. A humorous incident to break the more tense condition of affairs occurred when several men rose to ask their names to be stricken from the petition, giving a little insight into the psychology of petitions in general. They had not realized what it would mean to the welfare of the city to have the ordinance killed. There now should exist no doubt as to where a privy must be provided and fifteen days only is allowed after notice.

Further yet, thirty days is the set time after passage of the ordinance, *i. e.*, May 13th, when every insanitary privy must be corrected. There must be no surface privies in the city of Pensacola after June 12, 1919.

I have attempted to give a bare outline with mere glimpses here and there so that you may realize the vicissitudes of the public health officer.

In the meantime, while public opinion was being molded around this central endeavor, other phases of organizing for health were being developed.

The most noticeable improvement is in the restaurants, soda fountains, markets and other places where food is handled. General screening according to state law was enforced by means of an inspector of the Public Health Service and one of the city, working jointly. All other details for improvement were worked out by means of close scoring, which was heartily endorsed as a fair procedure. The individual and general improvements are remarkable. It is all markedly observable and the town is proud of it. The milk problem is a long way from a good solution, but it is believed that consistent work will effect wonderful and permanent improvements.

At our suggestion the State Sanitary Engineer sent his assistant who made a very comprehensive survey and report of the drainage conditions in the city. This problem does not loom large because most of the work required would be in the nature of opening up natural courses and cleaning out ditches formerly made.

From the angle of mosquito nuisance and also the reduction of possibilities of malaria conveyance by this pest, a judicious expenditure of money would pay good dividends.

School inspection of course needed attention. Dr. Tatum, District State Health Officer, was conducting the work in the rural areas. There are something like 3,000 children in the city schools. Dr. Grace Whitford of the Child Welfare Bureau of the State Board of Health detailed her assistant, Dr. Josie Rogers, for duty during the month of May. Having examined 1,200 children before her arrival and assisting considerably up through last week, it can be announced that even the 350 high-school students have been physically inspected and all defects which were found have been recorded. The Red Cross, by its Home Service Department, is supplying lay workers for follow-up work, and it is anticipated that part of the new health organization will have a nursing corps of one or more members. Eye defects have been too frequent. Some rural schools have shown from eight to ten per cent of trachoma. The city schools will go four or five per cent. Where hookworm examinations were made a high prevalence was found, though the grade of children seemed to be fair. Already parents are waking up to the serious aspect of defects in their children. Once the work with a system is well under way, the good accomplished will be incalculable.

I have not mentioned morbidity reporting. This deals with the doctors and until we could show them that we had built up an organization to make practical use of their reports we rather hesitated in forcing a rather difficult issue with them. It seems strange that there are doctors opposed to carrying out this important legal provision for the good of the community. Taken all together the ideas mentioned and others have grown toward the one big central idea of a full functioning city and county health organization under a full-time health officer, supported by the state, county and city. It is believed that enlightened public opinion has

come finally to see how this can be effected for the great benefit of all concerned. If nothing more is accomplished, thinking people will be better able to understand more fully what is meant when they are told that "health is a purchasable commodity."

### PROPAGANDA FOR REFORM.

**COLLOSOL PREPARATIONS.**—The Council on Pharmacy and Chemistry reports that Collosol Argentum, Collosol Arsenicum, Collosol Cocain, Collosol Cuprum, Collosol Ferrum, Collosol Hydrargyrum, Collosol Iodin, Collosol Manganese, Collosol Quinin and Collosol Sulphur are inadmissible to New and Nonofficial Remedies because their composition is uncertain. In the few cases in which the therapeutic claims for these preparations were examined, the claims were found so improbable and exaggerated as to have necessitated the rejection of these products on this account. The term "Collosol" appears to be a group designation for what are claimed to be permanent colloidal solutions, marketed by the Anglo-French Drug Company, Ltd., London and New York. Were this claim correct, the Collosols should contain their active constituent in the form of microscopic or ultramicroscopic suspensions. The Council was, however, obliged to question the colloidal character of the preparations. A number of samples submitted to the Council had separated and Collosol Hydrargyrum was not a colloidal solution at all; also the ampules of Collosol Ferrum contained a flocculent precipitate. If either of these two preparations were injected intravenously as directed, death might result. (*Jour. A. M. A.*, June 7, 1919, p. 1694.)

**PULVOIDS CALCYLATES COMPOUND.**—The Council on Pharmacy and Chemistry publishes a report on Pulvoids Calcyates Compound (The Drug Products Co., Inc.), not so much because the preparation is of any great importance, but as a protest against the large number of similar irrational complex mixtures which are still offered to physicians. These "Pulvoids" are tablets,



each of which is said to contain "Calcium and Strontium Disalicylate 5 grs., Resin Guaiac  $\frac{1}{2}$  gr., Digitalis  $\frac{1}{4}$  gr., Colchium (colchicum) Seed  $\frac{1}{4}$  gr., Squill  $\frac{1}{4}$  gr., Cascarin 1-16 gr. with aromatics." They were advertised among "Approved Remedies for La Grippe and 'Flu.'" The Council admits that salicylates have a field in influenza in that they often afford relief from pain. There is no reason to suppose that a mixture of strontium and calcium salicylate—the calcium and strontium disalicylate of the "Pulvoids" is probably a mixture of strontium and calcium salicylates—has any greater salicylic effect than an equal amount of sodium salicylate. On the other hand it is worse than useless to give colchicum, squill and digitalis for the relief of such pain. No educated physician will give resin of guaiac and "cascarin" in fixed proportions with salicylates. (*Jour. A. M. A.*, June 14, 1919, p. 1784.)

ANTITHYROID PREPARATIONS (ANTITHYROIDIN-MOEBIUS AND THYREOIDECTIN) OMITTED FROM N. N. R.—New and Nonofficial Remedies, 1918, contained a discussion of "antithyroid" preparations and described two of these: Antithyroidin-Moebius (E. Merck, Darmstadt, Germany) and Thyreoidectin (Parke, Davis and Company, Detroit, Mich.). The "antithyroid" preparations have not realized the expectations of their promoters, and are viewed with skepticism by practically all critical clinicians. Consequently, notwithstanding the cautiously worded claims made for Thyreoidectin, the Council voted to omit this preparation from New and Nonofficial Remedies. (Antithyroidin-Moebius had already been omitted because it was off the market.) (Reports Council Pharm. and Chem., 1918, p. 50.)

BORCHERDT'S MALT EXTRACT WITH ALTERNATIVES.—Each fluidounce of this was claimed to contain iodine 1-30 grain, calcium iodide 1 grain, potassium iodide 2 grains, calcium chloride 8 grains. The preparation was declared inadmissible to New and Nonofficial Remedies: (1) because it did not contain free iodine as claimed; (2) because it

was needlessly complex, and therefore irrational; (3) because the name of the preparation is not descriptive of its composition, but therapeutically suggestive. (Reports Council on Pharm. and Chem., 1918, p. 51.)

CEPHAELIN AND SYRUP CEPHAELIN-LILLY OMITTED FROM N. N. R. AND SYRUP EMETIC-LILLY NOT ACCEPTED.—New and Nonofficial Remedies, 1918, described cephaelin (an alkaloid obtained from ipecacuanha root) and listed Syrup Cephaelin-Lilly as a pharmaceutical preparation of it. In 1918 Lilly and Company advised that the name of its preparation had been changed to Syrup Emetic. The Council directed the omission of Syrup Cephaelin-Lilly and voted not to admit Syrup Emetic because the name does not indicate the potent ingredient of the simple pharmaceutical preparation and in that it is therapeutically suggestive. Emetics are powerful agents, and preparations containing them should not be sold under non-informing names. As the cephaelin syrup was the only preparation of cephaelin admitted to New and Nonofficial Remedies and as the alkaloid appears to have no important therapeutic field, the Council also omitted cephaelin from the book. (Reports Council Pharm. and Chem., 1918, p. 52.)

COLALIN OMITTED FROM N. N. R.—Colalin is a bile salt preparation claimed to consist essentially of hyoglycocholic and hyotaurocholic acids. It is manufactured by Rufus Crowell and Company, Somerville, Mass., and marketed by Schieffelin and Company. An examination of the current advertising for Colalin revealed that claims were made for it which were not in harmony with the known actions of bile preparations. As these claims were not substantiated by evidence nor revised in accordance with a request sent to the manufacturer and the agent, the Council directed the omission of Colalin from New and Nonofficial Remedies. (Reports Council on Pharm. and Chem., 1918, p. 52.)

DIPHTHERIA BACILLUS VACCINE OMITTED FROM N. N. R.—The Council directed the omission of diphtheria bacillus vaccine from New and Nonofficial Remedies because the

manufacturer of the only preparation of this vaccine advised that its sale had been discontinued. (Reports Council Pharm. and Chem., 1918, p. 54.)

**EMPYROFORM OMITTED FROM N. N. R.**—Empyroform is a condensation product of birch tar and formaldehyde. The Council voted to omit the preparation from New and Nonofficial Remedies because its usefulness is doubtful and because the agents were not in a position to submit further evidence for its value. (Reports Council Pharm. and Chem., 1918, p. 55.)

**FORAL.**—Foral is a depilatory preparation sold with special claims for its use for the removal of hair prior to surgical operation or the dressing of wounds. The Council declared Foral inadmissible to New and Nonofficial Remedies: because it is an unessential and irrational modification of the well-known depilatory composed of barium sulphid 2 drachms, zinc oxid 3 drachms and starch 3 drachms, and because it is marketed under a noninforming name and with unwarranted claims. (Reports Council Pharm. and Chem., 1918, p. 55.)

**GLYCEROSAL.**—This was said to be a mixture of glyceryl salicylates prepared by heating methyl salicylate with glycerol. The Council declared Glycerosal inadmissible to New and Nonofficial Remedies because unwarranted claims were made for it and because there was no evidence to indicate that it had any advantage over other salicyl preparations, such as methyl salicylate, spirosal, etc. (Reports Council Pharm. and Chem., 1918, p. 57.)

**CHIONACEA.**—According to the catalog of Nelson, Baker and Co., the composition of Chionacea is: Each fluidounce contains: Tinct. chionanthus 180 min., Tinct. echinacea 90 min., Euonymus 12 grs., Lappa 16 grs., Traxacum 16 grs., Syrup senna 120 min., Sol. sodium phosphate conc. 24 min. The merits of the preparation may be estimated by the following: According to the Epitome of the U. S. P. and N. F., chionanthus, or fringed tree bark, is an obsolete drug formerly used by eclectics and homeopaths in

hepatic disorders and syphilis, but has no definite indications for its use. Echinacea was examined by the Council on Pharmacy and Chemistry in 1909. Of this drug, the Epitome states "The claims for this drug as an 'alterative' and antisyphilitic are extravagant and unwarranted. There are no established indications for its use." (*Jour. A. M. A.*, June 14, 1919, p. 1787.)

**MORE MISBRANDED NOSTRUMS.**—The following have been found misbranded under the Federal Food and Drugs Act: Samaritan Nervine, containing nearly 19 per cent potassium bromid; Phenol Sodique, reported on by the Council on Pharmacy and Chemistry in 1907; Nuxcara, containing alcohol, cascara strychnin and berberin; Dr. Upham's Valuable Electuary, a tablet composed essentially of resins, sugar, sulphur, gum and vegetable extractives. (*Jour. A. M. A.*, June 21, 1919, p. 1858.)

**TYREE'S ANTISEPTIC POWDER.**—An advertising leaflet for Tyree's Antiseptic Powder recently received by a physician is devoted largely to a report of a bacteriologic examination of the Tyree's preparation. The physicians who receive this advertising material might easily overlook the fact that the reported bacteriologic tests were made in 1889 and that the investigation of the Council on Pharmacy and Chemistry in 1906 brought out that the examination applied to a product differing radically in composition from that of the preparation now marketed. The Council found that although the Tyree preparation was advertised as a mixture of borax and alum, it was essentially a mixture of zinc sulphate and boric acid. Here then we have a manufacturer publishing in 1919, in behalf of a certain product, tests that were made in 1889 with a product of different composition although of the same name. (*Jour. A. M. A.*, May 17, 1919, p. 1482.)

**PEPTENZYME.**—Peptenzyme was reported on by the Council on Pharmacy and Chemistry along with a number of other products of Reed and Carnrick in 1907. The report "Reed and Carnrick's Methods" announced that none of the products examined were



eligible for New and Nonofficial Remedies. The following is an abstract of the report on Peptenzyme elixir and powder are said to contain "the enzymes and ferments of all the glands which bear any relation to digestion"; therefore, the peptic glands, pancreas, salivary glands, spleen and intestinal glands. The preparations are said to be "not chemical extracts, but pure physiologic products." Apparently Peptenzyme powder consists of the glands, dried and powdered, while the elixir is an extract. It is stated that these preparations digest proteids, starch and fat, and in addition stimulate and nourish the digestive glands, and that the ferments in these preparations do not interfere with or digest one another. Examination by the Council showed that these preparations were practically devoid of any power to digest proteids or fat when tested by the U. S. P. method. The claim that the product contained ferments which would not show this activity in the test tube, but become active in the alimentary canal, is contrary to known facts and should not be substantiated by the manufacturer. The claims made for Peptenzyme powder and elixir were held to be unwarranted. (*Jour. A. M. A.*, May 17, 1919, p. 1484.)

KLINE'S NERVE REMEDY. — This epilepsy nostrum was analyzed by the A. M. A. Chemical Laboratory and found to be a bromid preparation and practically identical with Waterman's Tonic restorative.

CHASE'S RHEUMATIC SPECIFIC.—The A. M. A. Chemical Laboratory found this to have essentially the following composition: Sodium salicylate 22.4 per cent, magnesium oxid 5.3 per cent, licorice root 72.3 per cent.

DIABETOL.—In 1910 Professor Millspaugh at the Field Museum, Chicago, found this herb to be from a shrub—*Stenolobium stans* (L.)—growing in Arizona, Mexico and Central America.

VARNESIS. — Some time ago, the State chemists of Connecticut found this to contain 18 per cent alcohol and less than 1 per cent vegetable extractives derived from laxative drugs and capsicum. Later the alcohol percentage was reduced to 15.

VIAMI.—Viavi Capsules were analyzed for the *California State Medical Journal* and reported to contain nothing but extract of hydrastis and cocoa butter.

NUXATED IRON.—The analysis in the A. M. A. Chemical Laboratory indicated that Nuxated Iron Tablets contained only 1-25 grain of iron, while the amount of nuxvomica was practically negligible. Nuxated Iron has been advertised by an extensive campaign of misrepresentation and exaggeration. (*Jour. A. M. A.*, May 24, 1919, p. 1560.)

SANOSIN. — Sanosin (first introduced as Sartolin) consists of a mixture of powdered eucalyptus leaves, flowers of sulphur, powdered wood charcoal, and oil of eucalyptus. The instructions to the consumptive are that this mixture should be placed on a slab under which an alcohol lamp is burning. The whole thing is to be operated in a room which is tightly closed and in which the consumptive is supposed to stay. (*Jour. A. M. A.*, May 24, 1919, p. 1561.)

TOWN'S EPILEPSY TREATMENT.—This is a bromide epilepsy preparation and was analyzed by the A. M. A. Chemical Laboratory. (*Jour. A. M. A.*, May 24, 1919, p. 1561.)

THE WILLIAMS TREATMENT.—According to the Dr. D. A. Williams Company, which sells it on the mail order plan, the Williams Treatment "conquers kidney and bladder diseases, rheumatism and all other ailments when due to excessive uric acid." The Williams Treatment was analyzed in the A. M. A. Chemical Laboratory and from the results of the examination it was concluded that it is essentially a mixture containing in 100 cc. 48 gm. potassium acetate in solution and about 7 gm. potassium bicarbonate, the latter being largely undissolved. The mixture is colored with caramel and flavored with oil of wintergreen or methyl salicylate. (*Jour. A. M. A.*, May 31, 1919, p. 1632.)

INVESTIGATION BASED ON FALSE PREMISES. —One sometimes reads in supposedly "Original Articles" in medical journals statements that seem puzzlingly familiar. If one

is sufficiently inquisitive and possessed of a germ of Sherlock Holmesism, the familiar statement may be traced to the "literature" for some proprietary medicine with which the author's article deals. The unwisdom of authors accepting the unconfirmed statements of the promoters of proprietary remedies is well illustrated in a recent report of the Council on Pharmacy and Chemistry on "Collosol Cocaine," a preparation claimed to contain 1 per cent of cocain in colloidal and relatively nontoxic form. The report brings out that men of good standing had reported "Collosol Cocaine" to be much less toxic than cocain. These men, however, did not verify the statement of its composition, and subsequent investigation by others brought out the fact that "Collosol Cocaine 1 per cent" contained but 0.26 per cent cocain, and that its toxicity was in accord with the amount of cocain found. Those who investigate the action of drugs must recognize more fully than has often been done in the past, that a study of a medicament is of no scientific value whenever the identity of the substance is not established. (*Jour. Ind. State Med. Assn.*, May, 1919, p. 134.)

**THERAPEUTIC EVIDENCE.**—Has the medical profession learned to distinguish between real therapeutic evidence and chance observation? If so, the profession will not be impressed by certain testimonials for a widely advertised ointment. The wise physician who reads the testimonials will ask: Was it the "baking" or the proprietary ointment which produced the "remarkable results" in "rheumatic affections and ankylosis"? Was the "contracted arm chronic" benefited by time and friction or by the proprietary? How did the physician know that "anointing the nostrils" prevents attacks of influenza? Those who are inclined to give credit to drugs for naturally occurring events may be interested in the statement of a prominent chemist that he has been free from his periodical colds since he arranged for an inoculation with a "cold" vaccine, but was prevented from keeping the appointment. (*Penn. Med. Jour.*, May, 1919, p. 524.)

**PHARMACEUTICAL MANUFACTURERS AND "PRIVATE FORMULA" PRODUCTS.**—Sharp and Dome explain that it is their inflexible rule that all "private formula" orders intended for public distribution are refused until the copy for the "literature" has been studied by their experts. They explain that an order for three preparations which were later the subject of prosecution for misbranding under the Federal Food and Drugs Act were filled and shipped in the belief that the copy had been passed on by their Spanish expert, when in reality this had not been done. The house of Sharp and Dohme feels that it has been done an injustice in the publication of the "misbranded nostrum" notices which gave no hint that the preparations were private formula products, and were not sold under the name of Sharp and Dohme. The firm believes that an injustice was done in that the reference to these misbranded nostrums will lead readers to believe that they were sold under the label of Sharp and Dohme. There is unfortunately a commercial distinction between products which are made by a firm and products which are sold by it. Whether or not there is any moral difference between profiting by the manufacture of a "patent medicine," that is to be retailed by some one else, and selling the same medicine under one's own name, is a question (*Jour. A. M. A.*, March 1, 1919, p. 669).

**ANTHELMINTICS.**—The earthworm reacts with symptoms of toxicity to all clinical anthelmintics just as do the parasitic intestinal worms. This fact has enabled Torald Sollmann to reinvestigate the claims long made for certain drugs. *Spigelia* was found to have rather feeble toxicity, but fresh pumpkin seed and squash seed were quite highly efficient (*Jour. A. M. A.*, April 26, 1919, p. 1228).

**VERACOLATE TABLETS.**—The Council on Pharmacy and Chemistry examined Veracolate (Marcy Co.) in 1915 and found it to be semisecret in composition, unscientific in combination and exploited under unwarranted claims (*Jour. A. M. A.*, April 26, 1919, p. 1245).

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. K ME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. EOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KERRY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARNS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties: J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Suwannee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties: Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties: Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R. L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties: W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGHLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

## THE NEW STATE HEALTH OFFICER.

The appointment of Doctor Ralph N. Greene, as State Health Officer, was announced in the lay press the early part of the month. Doctor Greene at the time of his appointment was still in the service with station at the U. S. Army General Hospital, Fort Sam Houston, Texas. Doctor Greene shortly after secured his release from military service and assumed the duties of his office on the 16th inst. THE JOURNAL believes the selection of Doctor Greene for this important office to be a most happy one, and that Public Health matters in Florida will receive a decided impetus as a result of his selection. He has already announced that efficiency is to be the watchword of his administration and that only those attaches who prove to be incompetent will be supplanted. This is as it should be, for politics has no place in Public Health Work as there are but too few properly trained to carry out the many details of Public Health Service. To remove attaches of a State Board simply to make room for political appointments can not be other than detrimental to the usefulness of a Health Board, be it city or state. In this connection it is pleasing to note the spirit of the new President of the State Board of Health, Mr. J. L. Earman, of West Palm Beach, who stated in a Jacksonville paper: "The administration of the State Board of Health is definitely out of politics, from now on efficiency will be the determining factor. If an employee is efficient he will retain his position, and if not we will fill it with someone who is. Furthermore, Major Greene will be in direct charge of the health work in the state. I admit I do not know anything about the health work yet, and we intend to give Major Greene a free hand in administering activities of the board.

"During my service as President of the State Plant Board I gave three hours a day solely to that work, and I intend to do the same thing with the Board of Health work. I consider the institution one of the most im-



portant in the state; it is bigger than any one man could be because its service is directly interwoven with the development of the state, and each and every person in Florida benefits or loses by its success or failure."

Guard Officer into the service of the United States during the Mexican border trouble in 1916. A few months after his return from a tour of duty on the Mexican Border, he was again mustered into the Federal Service up-



DOCTOR RALPH N. GREENE, STATE HEALTH OFFICER

Doctor Greene needs no introduction to the members of the Florida medical profession or to the readers of *THE JOURNAL*. He made an enviable record as Chief Physician of the Florida Hospital for the Insane. Later he was successfully engaged in private work in Jacksonville which, however, was rudely interrupted by his entrance as a National

on our entry into the European War. He has been continually in the service of the United States Army from that time until his recent discharge.

*THE JOURNAL* predicts a most successful administration of Public Health matters in the state under the direction of Doctor Greene.

G. E. H.

SIR WILLIAM OSLER AT SEVENTY  
—A RETROSPECT.

No physician occupies a higher place in the esteem and affection of the English-speaking medical profession than Sir William Osler. For many years his name and his words, written or spoken, have carried an appeal to the mind and heart of physicians as no one else's, and they do so still today. To explain fully this matchless power, this intellectual and moral force, is a far greater task than we would pretend to attempt at this time; but in the interest especially of the rising generations of physicians, the present occasion seems a suitable one on which to point out some of the chief landmarks along the road traveled by the beloved and honored septuagenarian on the way to his high place.

The friends of student days in Toronto and at McGill University in Montreal have recorded that he followed no traditional course, but worked much in the hospital and especially the postmortem room, and that unlike most of his fellow students he troubled himself apparently but little about examinations and mere book knowledge. His graduation thesis on topics in pathologic anatomy was awarded a special prize "because it was greatly distinguished for originality and research." After two years of study abroad, he began to teach pathology in Montreal. He was then 25 years old. Before long he was teaching medicine in the wards also, and he seems quickly to have given himself so completely over to teaching, anatomic and clinical observations, and literary and medical society work as to leave little time for private practice and the cultivation of opportunities to earn money, caring apparently but little about the morrow. Many papers were published these years: those on prodromal rashes in smallpox, on blood platelets, and on infectious endocarditis may be mentioned as examples of the more important. From the first he made a hit as a successful teacher who aroused enthusiasm and stimulated independent work. One more significant fact in regard to the Montreal phase of Osler's

career should not be overlooked, namely, the deep and actively helpful interest in the student himself which has characterized his relations to students and young physicians throughout the succeeding years.

It is remarkable how early he attained certain fixed and dominant characteristics that have contributed alike to his usefulness and distinction. Any adequate account of just how various early influences worked together to give such a distinctive and definite bent to Osler's career from its very inception has not been made. It will be an interesting story. Palmer Howard and James Bovell, Canadian physicians of rare quality, are said to have influenced his medical work and outlook more than others. In 1884, Osler went to Philadelphia as professor of clinical medicine in the University of Pennsylvania Department of Medicine. His new colleagues were not a little astonished at first because he steadily turned aside all temptations to private practice in the usual sense but remained strictly teacher and consultant, thus securing the desired leisure for study in hospital, laboratory and library. His demonstrations in the pathologic society drew to him the younger men of the profession especially, an example of sharing the stores of observation all too little followed by leading teachers of clinical medicine and surgery, with an occasional exception like Fenger in Chicago. Many notable articles were published, and while in Philadelphia another side of Osler not yet referred to revealed itself fully, namely, his keen interest in medical history and biography and his gift for letters. In "Who's Who," bibliography is given as his sole recreation.

From this period dates the beginning of a series of addresses and essays of high literary merit; now rich with results of diligent search in medical scriptures, always hopeful and cheery, inspired by lofty ideals and an instinctive spirit of kindness, they belong, many of them, more to the permanent "literature of power" than to the short-lived "literature of knowledge," and every physician should have them in his library. He has



stimulated greatly the interest in our own medical history, and we owe to Osler vivid sketches of the lives and work of early leaders of the profession in this country—Nathan Smith, Bartlett, Jackson, Bigelow, Alonzo Clark, Gerhard and others—with whom it was his ambition to be ranked. "The chief desire of my life has been to become a clinician of the same stamp with these great men, whose names we all revere and who did so much good work for clinical medicine."

As no one before him in this country, Osler illustrated that years of hospital work and observation give better equipment for teaching clinical medicine than practice as ordinarily pursued; hence, when the Johns Hopkins Hospital was opened in 1889, he was the first choice for the head of the department of medicine. And now began the most productive and fruitful period in his professional life. His cherished ambition to build up a great clinic in this country was to be fulfilled. Under the liberal and enlightened policies of the new institution in Baltimore, he rapidly organized a model medical clinic, one of the best, and the first and long the only one of its kind in this country. Here medical students were taken into the wards as units in the working force of the hospital; young physicians were trained through graduated services for higher careers in clinical medicine, and knowledge advanced by systematic study and investigation. Beloved by colleagues, assistants, students, he inspired them, as a colleague has said, with extraordinary stimulus to high endeavors. The result was a great contribution, sorely needed at the time, to medical education and to clinical medicine, which makes one of the brightest pages in our annals.

The work done by Osler and his associates during this period is now woven into the fabric of modern American medicine. It was a wonderfully productive period. His influence as writer and speaker expanded; he preached a vigorous gospel of sanitation, particularly with reference to typhoid fever; he promoted the work of medical societies and libraries, and entered deeply into the life

and interests of the profession generally. "With the general practitioner throughout the country my relations have been of a peculiarly intimate character," and few if any have enjoyed in such remarkable degree the warm personal friendship and admiration of physicians everywhere. He was the high priest of lofty ideals, harmony and friendly cooperation. Always the close, kind friend of his students and assistants, many a fumbling beginner has been gladdened unexpectedly by his generous encouragement.

In 1905, Osler accepted the Regius professorship of medicine in Oxford University. While we have not been able to follow his many activities so closely as when he was here, we have had continuous evidence that his work has gone on with undiminished vigor, and that his relations to the profession at large and his interest in its welfare have undergone no other change than in the place of immediate manifestation. Neither wealth nor fame has turned him away from the calm course he laid out for himself while still a very young man. His recent utterances, in a chapter on the treatment of disease, on the exploitation through impudent advertising of pseudoscientific preparations of questionable value by powerful manufacturing pharmacists have the familiar Oslerian ring and hit the bull's eye in the center. In place of a more or less noticeable tendency to therapeutic vagaries he would place "a stern, iconoclastic spirit which leads, not to nihilism, but to an active skepticism born of a knowledge that recognizes its limitations and knows full well that only in this attitude of mind can true progress be made."

And now we must take leave again of our friend and teacher. The American Medical Association sends him its heartiest congratulations on his seventieth birthday, and warm assurances of gratitude and affection. And to our young men, coming on the scene, we would recommend careful heed of these words from Osler's response at the farewell dinner tendered him at New York, May 2, 1904:

"I have had three personal ideals: One to do the day's work well and not to bother about tomorrow. You may say that is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it more than anything else, I owe whatever success I have had—to this power of settling down to the day's work and trying to do it well to the best of my ability, and letting the future take care of itself.

"The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care.

"And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man."—*Jour. A. M. A.*

---

#### THE PRESIDENT-ELECT, SURGEON-GENERAL WILLIAM C. BRAISTED.

The election of Dr. William C. Braisted, Surgeon-General of the Medical Department of the Navy, as President of the American Medical Association was particularly appropriate to the Victory Meeting. Thus the Association not only honors the man it elects but is itself honored. Dr. Braisted's career represents a steady progress through many delicate tasks and difficult assignments. He was born in Toledo, Ohio, in 1864, and was graduated by the University of Michigan in 1883, and by the medical department of Columbia University in 1886. He served as intern in Bellevue Hospital, New York, for two and one-half years, entering civilian

practice in Detroit in 1888 and continuing until 1890, when he entered the Navy as assistant surgeon. He was promoted in 1893 to passed assistant surgeon, then to surgeon, and in 1913 to medical inspector. In the routine of a naval career he has served on a number of vessels and at many naval hospitals, and twice has been instructor in surgery in the naval medical school. In 1904 he fitted out and equipped the hospital ship Relief. During the Russo-Japanese War he went to Japan as the representative of the Medical Department of the United States Navy; and his report on this assignment was considered by the Japanese officials to be the most accurate and complete published. Surgeon-General Rixey appointed him assistant chief of the Bureau of Medicine and Surgery; he continued in this service for six years, from 1906 to 1912, serving also under Surgeon-General Stokes. During 1906 and 1907 he was attending physician at the White House. He acted as fleet surgeon of the Atlantic Fleet from 1912 to 1914, when he became Surgeon-General of the Navy with the rank of rear admiral. He has been decorated twice by foreign governments—first by the emperor of Japan and later by the president of Venezuela. Admiral Braisted is especially noted for the interest he has taken in preventive medicine. He has given particular attention to the control of venereal diseases. Under his administration the Department of Medicine of the Navy has made a most enviable record, as indicated by the remarkably low mortality and morbidity records of the men in the naval service. The election of Admiral Braisted at this time is especially fitting; it recognizes the service without whose aid the winning of the war would not have been possible.—*Jour. A. M. A.*

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*  
**AMERICAN SOCIETY FOR THE CONTROL OF CANCER**

### "THE UNDYING FIRE."

In Mr. H. G. Wells' latest novel a modern Job scans with seeing eyes the war-torn world of the twentieth century, yet keeps his faith, though racked in soul and body by a frightful succession of calamities culminating in a diagnosis of cancer. As he awaits an operation (which later, as often in real experience, happily proves the diagnosis to have been mistaken) he gives expression to an inspired vision of a world free from preventable disease. Already, he reminds his companions, science has taught us how to annihilate many a scourge, yet not until the world builds a more effective social organization upon a basis of better education can the progress of scientific research adequately accomplish the "relief of man's estate."

Those who strive to utilize present knowledge in the struggle against cancer, tuberculosis and other great causes of human suffering and death will find matter for thought and fresh inspiration for the daily task in the words of Mr. Wells' hero, a schoolmaster endowed with extraordinary power and insight:

"The most perplexing thing about men at the present time is their lack of understanding of the vast possibilities for power and happiness that science is offering them. \*

\* \* They solve the problems of material science in vain until they have solved their social and political problems. When those are solved, the mechanical and technical difficulties are trivial. It is no occult secret; it is a plain and demonstrable thing today that the world could give ample food and ample leisure to every human being, if only by a world-wide teaching the spirit of unity could be made to prevail over the impulse to dissensions. And not only that, but it would then be possible to raise the common health

and increase the common fund of happiness immeasurably. Look plainly at the world as it is. Most human beings when they are not dying untimely, are suffering more or less from avoidable disorders, they are ill or they are convalescent, or they are suffering from or crippled by some preventable taint in the blood, or they are stunted or weakened by a needlessly bad food supply, or spiritless and feeble through bad housing, bad clothing, dull occupations, or insecurity and anxiety. Few enjoy for very long stretches at a time that elementary happiness which is the natural accompaniment of sound health. \*

\* \* But all such things, great or petty, given a sufficient world unanimity, could be absolutely banished from human life. Given a sufficient unanimity and intelligent direction, men could hunt down all these infectious diseases, one by one, to the regions in which they are endemic, and from which they start out again and again to distress the world, and could stamp them out forever. It is not want of knowledge prevents this now but want of a properly designed education, which would give people throughout the world the understanding, the confidence, and the will needed for so collective an enterprise. \* \* \*

"Here am I, after great suffering, waiting here for an uncertain operation that may kill me. It need not have been so. Here are we all, sitting hot and uncomfortable in this ill-ventilated, ill-furnished room, looking out upon a vile waste. It need not have been so. Such is the quality of our days. I sit here wrung by pain, in the ante-chamber of death, because mankind has suffered me to suffer. \* \* \* All this could have been avoided. \* \* \* Not for ever will such things endure, not for ever will the Mockers of Mankind prevail."



CORNERSTONES IN FOUNDATION  
OF HEALTH.

BY CLARA D. NOYES,

*Acting Director, A. R. C., Department of  
Nursing.*

Upon three factors lying within the province of every wife and mother—a knowledge of proper nutrition, an understanding of elementary hygiene and sanitation, and a familiarity with simple nursing procedure—rest the foundations of good health.

Physical strength, like good government, is made up largely of "little things that count." Not only does this include the now-familiar microbe, but the ounce of prevention which should accompany him wherever he goes. Modern medicine has since proven, however, that the strength to work is every man's rightful heritage, and that practical common sense and technical knowledge are as valuable in maintaining health and in combating sickness as in practicing law or canning fruit.

The nurse has for some years been the highly specialized expert in the care of the sick. She is the first person to whom everyone turns in time of emergency. A household completely disorganized by critical illness will throw the entire weight of their anxiety and fear upon the "trained nurse, who'll soon straighten things out." This confidence has been the result of years of training, the foundations of which were laid by Florence Nightingale in the crowded hospital barracks of the Crimea, and whose development has come through the vision and hard work of many pioneer nurses, both in England and the United States.

The very nature of these standards of service, which have raised nursing to the same professional level as that of medicine and the clergy, has also tended to separate the graduate nurse further and further from the laywoman. This highly specialized training, her greatest asset, may also become her greatest enemy. "Nursing is an art," Florence Nightingale declared, "and requires as hard a preparation as any painter's or sculp-

tor's work; for what is having to do with dead canvas or cold marble as compared with having to do with the living body?"

The so-called laywoman values the good nurse because of steadiness, her self-reliance, her ability to shoulder responsibility in time of crisis, her sense of proportion, and her indomitable courage. These attributes, however, are not heaven-sent; they come only through years of study, through rigid discipline, through many a "trial and error," and through a high code of ethics. Does the average wife and mother who feels that she owes the life of her child in large part to these qualities of mind and heart realize that she herself might possess them, not to so highly specialized a degree, but in proportion to her own willingness to study and learn the simple technique and the elementary principles underlying modern nursing?

Good health consists in keeping well as long as possible, and in combating sickness with the greatest degree of efficiency when it does come, so that health may return. Exactly what are the means by which a household keeps well?

By proper nutrition. Few of us realize the tremendous importance of correct food. Dietetics is a vast field and a complete science in itself; yet it is also the most ordinary problem of everyday life. No one ever gets away from the direct or unexpressed question of "What are we going to have for dinner?"

Experts in child welfare now contend that malnutrition is one of the greatest factors responsible for our infant mortality rate of 300,000 babies a year. Tuberculosis, which causes the death of 150,000 men and women in the prime of life, gains its first foothold in the bodies of the poorly nourished. The anemic young girl of the past generation becomes the mother of the children who should comprise the future strength of the nation. Because she herself may have been improperly nourished, she is not as physically fit for the ordeal of childbirth as she might be; she may join that pitiful army of 15,000 women who die each year of this one cause; or she

may drag herself wearily through days of invalidism. Her home becomes a burden too heavy for her limited strength. She is unable to give her baby the natural nourishment it requires, while she lacks the strength and often the interest to prepare properly artificial food for her child. It in turn is handicapped, and the entire vicious cycle begins again.

Just as factory experts study the best fuel for their engines, food experts have perfected the proper balance of nourishment for the human machine. Sometimes natural instinct helps to regulate this. Few women know the exact caloric value of potatoes, rice, and beef at the same meal, but their taste prompts them to make a more balanced selection. This should be governed by far more definite factors, however. Here is common ground where the nursing profession may meet with the average housewife in her home. The problem which presents itself is how can the scientific knowledge of the trained hospital dietitian be simplified and popularized to meet the needs of the average housewife.

Another method of keeping the household well is through elementary knowledge of hygiene and sanitation. The first move of health officers in fighting typhus or yellow fever is to clean things up." This means more, however, than merely scouring the surface; it means investigating the source of disease. A housewife may take infinite pains with her kitchen, her fly-screens, and her immaculate pantries and ice-box, yet if her water supply comes from a dug well situated below a stable, her family are veritably *drinking dirt*.

One of the common carriers of disease is the human hand. In a household where tuberculosis exists, the patient may remain absolutely isolated from the family, but the person nursing him may carry the infection directly from the invalid to the other members of the household via her own hands, or a common drinking-glass, or a handkerchief washed in the family laundry. All these methods of prevention of disease, and of household hygiene, lie again in the domain of

the graduate and public health nurse. These principles have been repeated and emphasized so often that they have become almost second nature to her, but they are an undiscovered field of knowledge for the average laywoman. Here is a second opportunity where they might well "get together."

Familiarity with elementary nursing procedure is the third cornerstone of health. Leaders of the medical profession openly declare their dependence upon nursing. One eminent physician has declared that "the greatest advance in the practice of medicine in the past century has been the development of the art of nursing." Individual experience confirms this. A soothing bath, an alcohol rub, a shaded light, and a bowl of broth daintily served on a clean tray, perhaps with a flower laid across the fresh napkin, may do more to change the attitude of mind of a patient than all the reassuring words in a doctor's vocabulary. This interdependence of the mind and body is one of the greatest discoveries of modern psychology. Correct the former, and the readjustment of the latter becomes to a greater or less degree automatic.

The problem which arises is one of co-operation. Can the graduate nurse, on the one hand, simplify her highly specialized knowledge until it becomes of the greatest practical value to the average woman? On the other hand, will the average woman go out to meet the nurse half-way—in short, will she make the individual effort to learn these rudiments of nursing? When this co-operation can be universally effected, nationwide epidemics and disease will lose, in great part, both their danger and terror.

Red Cross chapters offer instruction in these cornerstones of health, in Home Dietetics, which teaches proper nutrition for the well and the sick, and in Home Hygiene and Care of the Sick, which is made up of theoretical and practical instruction in elementary nursing procedure. These courses are given by Red Cross nurses and dietitians, and may be secured at nominal cost to the pupil.

While these Red Cross courses may not establish the golden means of service between the graduate nurse and the average wife and mother, their value was demonstrated repeatedly during the influenza epidemic, and by the testimony of the 22,000 women who have completed the course. At any rate, they go very far to alleviate the heartache which comes of being absolutely helpless in time of sickness, as was one woman, who, having lost two children, brought her third sickly baby to a Red Cross nurse and said:

"My baby's getting sick again, just like my others. I don't know what's the matter, and I don't know whom to go to. Can't you teach me how to take care of her?"—*The Red Cross Bulletin*.

---

### JUSTICE FOR THE CRIPPLED.

The art of being happy and useful, though crippled, is the normal, natural heritage which should be the cripple's right—not the attitude of hopelessness and dependence which the cripple too often acquires as a result of the thoughtless attitude of society in looking upon every cripple in much the same way as persons look upon a healthy but useless beggar, according to Helen I. Hoppin, of the Milwaukee-Downer College, of Milwaukee, Wis.

The war has given the cripple and his able-bodied associates a new understanding, she declares, writing in the June issue of *The Modern Hospital*, Chicago, Ill. The spectacle of the cripple working in industry side by side with men better equipped physically has created a sympathy between individuals which must be converted to a broad sympathy between cripples as a class, and those who are sound.

Rehabilitation for cripples in civilian life, she declares, is just as necessary and valuable as rehabilitation for disabled soldiers. Instead of the cripple becoming a poor man or a public charge, he becomes a self-supporting, independent citizen, a producer, and a contributor to the good of society.

New enthusiasm lights the minds of crippled men and women who before the war felt keenly the unsympathetic attitude of the public at large. Denied then the right to work and live as the equal of men and women not so unfortunate, they now see opportunities to gain a foothold in business and industry.

Democracy wins new force when its crippled members live and thrive upon the same footing with those not disabled. The burden which social and charitable agencies have been obliged to carry because society has heretofore discouraged the cripple, disappears and the benefit of the cripple's work and activity increases the wealth of communities.

"On the reconciliation of the cripple to his new relations with the industrial world," says *The Modern Hospital*, Chicago, Ill., "depend all his future successes—success in physical reconstruction, in training for workmanship, in vocational placement, and in his final settlement in society. The mental attitude is more than a sentimental matter. It has a physical and an economic effect, and demands attention from the medical and the vocational standpoint. It is the most vital demand in the program for the rehabilitation of cripples that the war-born unity between the classes be cherished and made to include a new good will between the crippled and the sound."—*The Modern Hospital*.

---

### CAMP SERVICE MOVES WITH UNFLAGGING ZEST.

Since the first call to arms, the chief aim of the work of the American Red Cross has been the comfort and welfare of the American soldier (soldier being a general term used to designate all fighting men, no matter what arm of the service they may be in), and so it will continue until the last man steps off the gangplank of the last transport, or leaves the yawning doorway of the last hospital and writes "finis" to the war chapter of his life.

Directly or indirectly, every phase of Red Cross work has tended toward this end. The



Red Cross has grown with the needs of the soldiers, and the needs of the soldiers of this war were greater than the needs of any soldiers in any preceding war, for many obvious reasons. Under the Department of Military Relief, the Red Cross mapped out an elaborate program for the care of the soldiers "all the way and back again." With the free scope given it by the War Department, the Red Cross has been able to provide for the soldier's welfare wherever he has been and under all circumstances, out of the line or in, sick, well or convalescent, maimed or "whole."

Having taken them comfortably "all the way," the Red Cross is now bringing them back again. The Red Cross is the last to wish them "*bon voyage*" in a farewell sandwich and a "smoke" as the great ships turn their noses homeward, and the first to greet them on the piers of the debarkation ports of the United States.

Care of the returning soldier falls into three branches: (1) Miscellaneous Service for the Comfort and Welfare of Soldiers, (2) Home Service in the Camp, and (3) Recreation. It is difficult to say which of these is the most important, so greatly does each depend on the other, and each branch of service embraces any number of auxiliary services growing out of the main branch, weaving an all-covering net of comfort and relief that spreads like a protecting mantle over each and every soldier of the A. E. F.

When the soldier finds himself once more at Brest, facing the West and home, his mind is a theatre of conflicting emotions, mostly joyful, to be sure, but tempered a little with foreboding. There is the wife at home, and the children. There is this stump of an arm which wasn't very jolly. There is the will-o'-the-wisp of a job to be sought. The soldier is not discouraged, but he can't help thinking about these things, as he lies there in the base hospital, with his stump of an arm or his twisted knee, and waits for the transport that will take him home.

When the day comes at last, he is carried aboard on a stretcher. Beside him are a pair

of new pajamas, a Red Cross comfort kit and plenty of "smokes." Aboard there is a Red Cross man with his hands always filled with "extras" that have come to mean essentials—clean underwear and socks, shaving equipment, soap and wash cloths, candy and fruit, and "smokes" before and after everything else. On the way to the debarkation hospital, there is the same old Red Cross smile and the succession of sandwiches, pie and coffee. At night, while the train speeds towards the army hospital near his own town, there are the canteen women at the stopping places late in the night, with lemonade, sandwiches and cigarettes. In April, 1919, 2,337,192 soldiers received the attention of the "Comfort Service."

When the soldier reaches the convalescent stage, there is the Red Cross house with its home-like features, easy chairs, rugs, music, games, books, newspapers and magazines—the fireplace, the sun parlor or the porch, according to the season. On fine days there is the Motor Corps that takes the soldiers for delightful country spins with picnic lunches under the open sky. It is by these many small attentions, that mean so much, that the Red Cross endeavors to make "getting well" easy, and helps to rob convalescent days of their boredom. A sick or wounded soldier does not get well soon if his mind is not happily attuned and his personal troubles at rest.

Sick, convalescent or well, a soldier may have recourse to Home Service, a phase of Red Cross work that has grown to prime importance in the support of the fighting man's morale. With the return of the soldiers, the need of Home Service does not grow less, nor does the volume of work decrease with the decrease of men in the camps. More effective methods of trouble location, and a careful adaptation of Red Cross machinery to the discharge "mills" in the United States, reveal more and more men needing the aid of Home Service. During the month of May last, the 228 associate and assistant field directors in charge of Home Service handled 32,639 cases for soldiers and sailors. This is an average month's work.

Anxiety over home affairs—uncertainty over the safety and welfare of loved ones—have done more to weaken the morale of the men than the most grievous wounds received in battle, or even the endurance of short rations, or trying days and nights under fire. Red Cross Home Service has endeavored to bridge the gap between the soldier and his home, and to act as the intervening agent to whom all petitions may be trusted and all cares consigned. Five hundred Red Cross Home Service representatives are working in the camps of this country and in the army hospitals, with their 50,000 patients.

In demobilization camps especially, an intensive program presents itself. In the rush and confusion of the discharge "mill," many opportunities exist for personal advice and assistance to the soldier. A little practical service at this point may be the means of sending a man out of the service in a contented and cheerful frame of mind, when otherwise he might be bitter in his criticisms of things in general. It is only natural that it would be so. Among the latest innovations are the banking agencies, established in twenty-two demobilization camps, under the authority of some nearby clearing house or bank, enabling a discharged soldier to deposit part of his discharge money for transmission to any bank he may designate, in exchange for a non-negotiable receipt. At Camp Taylor alone, \$152,215 was deposited in this way within the space of eleven days.

Illustrative of the serious troubles that are brought to the attention of Home Service in the camps, is a case of a soldier's wife and family being ejected for non-payment of rent. The local Home Service section was notified and the chapter invoked the aid of the Civil Rights Law until the delayed allotment and allowance were followed up. When the government money came, the wife paid the rent in full.

A sailor's child stricken with tuberculosis was assured proper medical attention through Home Service. A soldier in a base hospital was anxious about his sick wife and his six children. A Red Cross man went to

the isolated home to investigate the case. The sick mother was sent to a hospital in the country, while the children were provided for until the mother was well enough to return. The delayed government allotment was also secured in this case, which enabled the family to face the winter with a bank balance, income and friends. In innumerable ways, men in the service are being helped to overcome the black burdens of debt and sickness at home. The preservation of the normal life of the home is the ideal towards which all Red Cross agencies touching family life strive. Thus the soldier in camp, sick or well, is relieved of all personal anxiety; the former is relieved of all mental hindrances to his recovery; the latter has but to serve his best and to wait with what patience he can muster, a virtue that is more easily acquired when Home Service lifts all worry from one's shoulders.

It is perhaps unnecessary to explain the necessity of recreation and diversion in convalescent camp life. All normal human beings demand it and the soldier is a very normal, very human being. Furthermore the health of his body depends upon the tranquillity of his mind. His mind must be care-free and it must be occupied, usefully, or in the pursuit of play. In developing the recreation program, the slogan has been: "Out of the grandstand into the game," with the idea of enlisting the interest and participation of all patients in the camps or hospitals.

Of course, such passive entertainment as theatrical shows, moving pictures, concerts, boxing bouts, phonographs, player pianos, baseball games, motoring, is necessary, although it is more diverting than stimulating, and participation is limited to a few, or at least to a few at a time. Actual participation is necessary if the patient is to encourage his own initiative and to develop the spirit of cooperation and interest. At Fort McHenry and Walter Reed General Hospital, Washington, the one-armed baseball teams defeated their two-armed opponents, who played with one arm tied behind their backs. At U. S. General Hospital No. 3, Colonia,

N. J., there was a one-legged football game on Memorial Day, in which the contestants, thirteen to a side, endeavored to kick the ball over a high net, thus scoring a point. Various games and contests have been devised to meet the limited physical possibilities of the disabled patients and to enable them, in so far as possible, to overcome and ignore their handicaps in the zest of the game.

Such play does wonders to restore self-confidence and banish self-consciousness. At Camp Custer they have wheel-chair drills; at Fort Sheridan, decorated wheel-chair parades and wheel-chair 50-yard dashes, and wheel-chair potato races. In fact, every game that was ever devised in any gymnasium, or on any playground or athletic field, can be found on the hospital recreation program, in its original form or modified to meet requirements—baseball, basketball, volley, dodge, push, and medicine ball, tennis, boxing, wrestling, croquet, rope-whipping, knot tying, signaling, military calisthenics, quoits, horseshoes, etc., etc. The gymnasium at Fort Snelling averages an attendance of over 500 men a day.

Athletics, while perhaps the most spectacular of camp sports, is only one phase of the active recreation program. Community singing is part of the life of every hospital. Singing has been found especially helpful among the "psychopathic" patients, whose minds have been affected by the war, or by wounds received in battle. Musical instruments have been provided by the Red Cross, and bands and orchestras have been formed in many hospitals. Piano players and victrolas have been placed in every Red Cross convalescent house. Theatrical entertainments have been encouraged and many of these amateur offerings have met with unusual success. The "Camp Lewis Players" are now "on the road" professionally. Fort Riley produced a successful circus. Mock trials by court-martial have proved highly amusing wherever they have been tried. Moving pictures have lost none of their popularity. It was the Red Cross that first experimented with

"movies on the ceiling" for the benefit of bed patients.

In conjunction with the Red Cross, the American Library Association has contributed its part to the recreational program in organizing libraries in all the camps, open to the entire personnel of the post. The dances for the maimed, as well as the "whole," that take place at the Red Cross houses, are always successful and form one of the most enjoyable events of each week.

The breadth and scope of the Red Cross program planned for the benefit of the returning soldier, is readily appreciated. He can not feel neglected or forlorn as long as the Red Cross is with him, and surely no possible comfort, no possible need has been overlooked. The three great arms work together amicably, smoothly, jointly, each performing the tasks that fall within its immediate field, yet extending its activity to dovetail happily with the other branches. In the field, in the camp, in the home, the Red Cross is omnipresent wherever the soldier goes or wherever his interests lie. It knows no armistice, in its fight against sickness, worry, despair or trouble, as they affect the American soldier.—*The Red Cross Bulletin*.

## PRINCIPAL CAUSES OF DEATH.

### *Census Bureau's Summary of Mortality Statistics for 1917.*

The Census Bureau's annual compilation of mortality statistics for the death-registration area in continental United States shows 1,068,932 deaths as having occurred in the area in 1917, representing a rate of 14.2 per 1,000 of population. Of these deaths, nearly one-third were due to three causes—heart diseases, pneumonia, and tuberculosis—and nearly another third resulted from the following nine causes: Bright's disease and nephritis, apoplexy, cancer, diarrhea and enteritis, arterial diseases, influenza, diabetes, diphtheria, and bronchitis. The death-registration area of the United States in 1917 comprised 27 states, the District of Columbia,



and 43 cities in nonregistration states, with a total estimated population of 75,000,000, or about 73 per cent of the estimated population of the United States. (The territory of Hawaii has recently been added to the registration area, but the figures given in this summary relate only to continental United States.)

The deaths from heart disease (organic diseases of the heart and endocarditis) numbered 115,337, or 153.2 per 100,000 population. The death rate from this cause shows a noticeable decrease as compared with 1916, when it was 159.4 per 100,000. There have been fluctuations from year to year, but in general there has been a marked increase since 1900, the earliest year for which the annual mortality statistics were published, when the rate for heart diseases was only 123.1 per 100,000.

Pneumonia (including bronchopneumonia) was responsible for 112,821 deaths, or 149.8 per 100,000. This rate, although much lower than that for 1900 (180.5) or for several succeeding years, is higher than that for any year during the period 1908-1916. The lowest recorded rate for pneumonia was 127 per 100,000 in 1914. The mortality from this disease has fluctuated considerably from year to year since 1900, the general tendency having been downward until 1914 and upward from 1914 to 1917.

Tuberculosis in its various forms caused 110,285 deaths, of which 97,047 were due to tuberculosis of the lungs. The death rate from all forms of tuberculosis was 146.4 per 100,000, and from tuberculosis of the lungs, 128.9. The rate from tuberculosis of all forms declined continuously from 200.7 per 100,000 in 1904 to 141.6 per 100,000 in 1916, the decrease amounting to nearly 30 per cent; but for 1917 an increase is shown. Until 1912 more deaths were due to tuberculosis than to any other single cause, but in that year and during the period 1914-1917 the mortality from tuberculosis was less than that from heart diseases, and in 1917 it fell below that from pneumonia also.

Bright's disease and acute nephritis caused

80,912 deaths, or 101.4 per 100,000. The mortality rate from these diseases has increased from 89 per 100,000 in 1900, with some fluctuations from year to year, and since 1914 the increase has been continuous.

Apoplexy was the cause of 62,431 deaths, or 82.9 per 100,000. The rate from this disease increased gradually, with occasional slight declines, from 1900 to 1912, and since 1913 the increase has been continuous.

Cancer and other malignant tumors caused 61,452 deaths, of which number 23,413, or 38 per cent, resulted from cancer of the stomach and liver. The rate from cancer has risen from 63 per 100,000 in 1900 to 81.6 in 1917. The increase has not been continuous, there having been three years—1906, 1911, and 1917—which showed declines as compared with the years immediately preceding. The decrease in 1917 as compared with 1916, however, was very slight—from 81.8 to 81.6. It should be borne in mind that at least a part of the increase in the death rate from cancer may be apparent rather than real, being due to a greater degree of accuracy in diagnosis and to greater care on the part of physicians in making reports to registration officials.

Diarrhea and enteritis caused 59,504 deaths, or 79 per 100,000. The rate from this cause has fallen somewhat in recent years, having been 90.2 in 1913, and is much lower than the corresponding rate for 1900, which was 133.2. More than four-fifths of the total deaths charged to these causes in 1917 were of infants under two years of age.

Arterial diseases of various kinds—atheroma, aneurism, etc.—resulted in 19,055 deaths, or 25.3 per 100,000. The rate from these causes increased continuously from 6.1 in 1900 to 25.6 in 1912, since which year it has fluctuated somewhat without showing any pronounced change.

Influenza was responsible for 12,974 deaths, or 17.2 per 100,000. This rate is the highest shown for any epidemic disease in 1917, but is much lower than the corresponding one for the preceding year, 26.4 per 100,000. The influenza rate, which fluctuates greatly, was higher in 1901, when it stood at

32.2, than in any subsequent year prior to the occurrence of the recent epidemic.

Deaths from diabetes numbered 12,750, or 16.9 per 100,000. The rate from this disease, although slightly lower than in 1916, has risen almost continuously since 1900, when it was 9.7.

Next to that for influenza, the highest rate appearing for any epidemic disease in 1917 was for diphtheria, 16.5 per 100,000, representing 12,453 deaths. The rate from this disease was somewhat higher in 1917 than in the preceding year, when it stood at 14.5 per 100,000.

Bronchitis caused 12,311 deaths, or 16.3 per 100,000. This rate is lower than that for any preceding year except 1916, when it was 16.2. The proportional decline from 1900, for which year the bronchitis rate was 45.7, to 1917, amounting to 64 per cent, was greater than that shown for any other important cause of death.

#### *Typhoid Fever.*

Typhoid fever resulted in 10,113 deaths, or 13.4 per 100,000. The mortality rate from this cause also has shown a remarkable reduction since 1900, when it was 35.9, the proportional decrease amounting to 63 per cent. This highly gratifying decline demonstrates in a striking manner the efficiency of improved sanitation and of the modern method of prevention—the use of the anti-typhoid vaccine.

#### *Measles, Whooping Cough, and Scarlet Fever.*

These three children's diseases were together responsible for 21,723 deaths of both adults and children, or 28.8 per 100,000. The rates for the three diseases separately were 14.3, 10.4, and 4.2, respectively, as compared with 11.1, 10.2, and 3.3 in 1916. As in 1913 and 1916, the deaths due to measles outnumbered those resulting from either of the other diseases, but in 1914 and 1915 whooping cough caused the greatest mortality. In every year since and including 1910, as well as in several preceding years, measles has

caused a greater number of deaths than scarlet fever.

#### *External Causes.*

Deaths due to external causes of all kinds—accidental, suicidal, and homicidal—numbered 81,953 in 1917, corresponding to a rate of 108.8 per 100,000 population.

The greatest number of deaths charged to any one accidental cause—11,114, or 14.8 per 100,000—is shown for falls. The rate for this cause varies but slightly from year to year.

Next to falls, the greatest number of accidental deaths—8,649, or 11.5 per 100,000—resulted from railroad accidents and injuries. This rate is greater than the corresponding rates for 1914, 1915, and 1916 (10.7, 9.9, and 11.3, respectively) but is lower than that for any year from 1906—the first year for which deaths from this cause were reported separately—to 1913, inclusive.

Burns—excluding those received in conflagrations and in railroad, street-car, and automobile accidents—were responsible for 6,830 deaths, or 9.1 per 100,000. The death rate from burns was greater than that for the preceding year, 8 per 100,000, and was also greater than the rate for any earlier year covered by the Bureau's records, with the exception of 1907.

Deaths from automobile accidents and injuries in 1917 totaled 6,724, or 8.9 per 100,000 population. This rate has risen rapidly from year to year, but not so rapidly as the rate of increase in the number of automobiles in use.

Accidental drowning caused 5,550 deaths, or 7.4 per 100,000. This rate is considerably less than that for any preceding year since 1910, and is also decidedly below the average for the decade 1901-1910.

Deaths due to accidental asphyxiation (except in conflagrations) numbered 3,375, or 4.5 per 100,000. This rate is somewhat higher than that for any year during the preceding ten-year period.

Mine accidents and injuries resulted in 2,623 deaths, or 3.5 per 100,000. This rate is



greater than the rates for the preceding three years and for 1912, but is lower than those for other recent years.

Deaths due to injuries by vehicles other than railroad cars, street cars, and automobiles numbered 2,326, or 3.1 per 100,000. The rate from this cause has declined somewhat during the past ten years, probably because of the decrease in the use of horse-drawn vehicles.

Deaths resulting from street-car accidents numbered 2,277, corresponding to a rate of 3 per 100,000. This rate is greater than those for the two years preceding and is the same as that for 1912, but is less than the rates for other recent years.

Machinery accidents caused 2,112 deaths, or 2.8 per 100,000, a rate materially greater than that for any preceding year covered by the Bureau's mortality records.

Hot weather caused 1,964 deaths, or 2.6 per 100,000. This rate is considerably above those for most of the years covered by the Bureau's records, but is somewhat lower than 2.9 in 1916 and is far below 5.3 in 1911. The rate from this cause naturally varies greatly from year to year.

The number of suicides reported for 1917 was 10,056, or 13.4 per 100,000. This rate is the lowest shown for any year since 1903.

Other deaths due to external causes, including homicides, totaled 18,353, or 24.4 per 100,000.

---

## NEW AND NONOFFICIAL REMEDIES.

**SWAN'S MIXED ACNE BACTERIN (No. 41).**—Marketed in 6-cc. vials, each cubic centimeter containing 25 million killed acne bacilli and 500 million killed *Staphylococcus pyogenes albus*. For a discussion of "Acne" vaccine, see New and Nonofficial Remedies, 1919, 296. Swan-Myers Company, Indianapolis, Ind.

**SWAN'S PERTUSSIS BACTERIN (No. 38; PROPHYLACTIC).**—Marketed in packages of three 1-cc. vials, containing, respectively, 50, 100 and 200 million killed pertussis bacilli.

For a discussion on Pertussis Bacillus Vaccine, see New and Nonofficial Remedies, 1919, p. 287.

**SWAN'S MIXED FURUNCULOSIS BACTERIN (No. 39).**—Marketed in 6-cc. vials, each cubic centimeter containing 500 million killed *Staphylococcus pyogenes aureus* and 500 million killed *Staphylococcus pyogenes albus*. For a discussion of *Staphylococcus* Vaccines, see New and Nonofficial Remedies, 1919, p. 289.

**SWAN'S TYPHOID-PARATYPHOID BACTERIN (No. 42; Prophylactic).**—Marketed in packages of three 1-cc. vials, one vial containing 500 million killed typhoid bacilli and 250 million each of paratyphoid bacilli A and B, while the other two vials each contain 1 billion killed typhoid bacilli and 500 million each of paratyphoid bacilli A and B. For a discussion on Typhoid Vaccine, see New and Nonofficial Remedies, 1919, p. 292 (*Jour. A. M. A.*, March 22, 1919, p. 863).

**GUAIACOL CARBONATE-S. AND G.**—A brand of guaiacol carbonate, U. S. P. Schering and Glatz, Inc., New York. (*Jour. A. M. A.*, Dec. 14, 1918, p. 1997.)

**BENZYL BENZOATE-H. W. AND D.**—A brand of benzyl benzoate complying with the tests and standards of N. N. R. Hynson, Westcott and Dunning, Baltimore, Md.

**SOLUTION OF BENZYL BENZOATE, MIS-CIBLE-H. W. AND D.**—A solution of benzyl benzoate-H. W. and D. in 78 gm. ethyl alcohol emulsified with 2 gm. castile soap. It has the actions and uses of benzyl benzoate. Hynson, Westcott and Dunning, Baltimore, Md.

**DIETHYLBARBITURIC ACID-MERCK TABLETS, 5 GRAINS.**—Each tablet contains 5 grains of diethylbarbituric acid-Merck. Merck and Co., New York.

**SODIUM DIETHYLBARBITURIC ACID-MERCK.**—A brand of barbitol sodium complying with the N. N. R. standards. The actions, uses and dosage of barbitol sodium are described in New and Nonofficial Remedies. Merck and Co., New York.

**SODIUM DIETHYLBARBITURIC ACID-MERCK TABLETS, 5 GRAINS.**—Each tablet

contains 5 grains of sodium diethylbarbituric acid—Merck. Merck and Co., New York. (*Jour. A. M. A.*, Dec. 28, 1918, p. 2153.)

**SALIPYRINE TABLETS,  $7\frac{1}{2}$  GRAINS.**—Each tablet contains 7.5 grains of salipyrine (see New and Nonofficial Remedies, 1918, p. 275). Riedel and Co., New York.

**SOLARGENTUM-SQUIBB.**—A compound of silver and gelatin containing from 19 to 23 per cent of silver in colloidal form. It is used in solutions containing from 1 to 25 per cent or more. It is also used in the form of bougies or suppositories. No precipitate is produced when sodium chlorid or albumin solutions are added to solutions of solar-gentum-Squibb. E. R. Squibb and Sons, New York. (*Jour. A. M. A.*, Oct. 12, 1918, p. 1219.)

**PARRESINED LACE-MESH SURGICAL DRESSING.**—Net-mesh gauze impregnated with and containing from 45 to 50 per cent of parresine (see New and Nonofficial Remedies, 1918, p. 247). The Abbott Laboratories, Chicago.

**TUBERCULIN SUBCUTANEOUS TEST ("T. O.") LEDERLE.**—Marketed in vials containing 1 cc. For a description of Old Tuberculin, see New and Nonofficial Remedies, 1919, p. 277.

**ANTIDYSENTERIC SERUM (POLYVALENT) LEDERLE.**—Prepared from horses immunized against the Shiga, Kruse, Flexner and Hiss types of dysentery bacilli. Marketed in syringes containing 10 cc. each with sterile needle. For a description of antidyenteric serum, see New and Nonofficial Remedies, 1919, p. 269. Schieffelin and Co., New York.

**TUBERCULIN "B. E." (BACILLUS EMULSION) LEDERLE.**—Marketed in vials containing 1 cc. For a description of New Tuberculin, see New and Nonofficial Remedies, 1919, p. 280. Schieffelin and Co., New York.

**PARATYPHOID VACCINE-LEDERLE.**—Marketed in packages of three 1-cc. vials, one vial containing 250 million each of paratyphoid bacilli A and B, while each of the other vials contains 500 million each of paratyphoid bacilli A and B. For a description of Typhoid Vaccine, see New and Nonofficial

Remedies, 1919, p. 292. Schieffelin and Co., New York.

**SCHICK TEST-LEDERLE.**—A diphtheria immunity test marketed in vials containing diphtheria toxin sufficient for ten tests, accompanied by the required amount of sterile diluent to make the proper dilution of the toxin. For a description of the Diphtheria Immunity Test (Schick Test), see New and Nonofficial Remedies, 1919, p. 305. Schieffelin and Co., New York (*Jour. A. M. A.*, April 19, 1919, p. 1136).

**DIPHTHERIA TOXIN-ANTITOXIN MIXTURE.** A far more durable immunity against diphtheria can be established with a mixture of diphtheria toxin and antitoxin than with antitoxin alone. The immunity does not appear until a considerable period of time has elapsed, and hence the mixture is not applicable in an outbreak of disease. In general the overneutralized mixture is preferred. Several doses are usually required to induce immunity. Only those persons who are positive to the Schick test need be immunized, and the progress of the immunization may be determined by the response to this test.

**TANNIN ALBUMINATE EXSICCATED-MERCK.**—A compound of tannic acid and albumin thoroughly exsiccated and containing about 50 per cent tannic acid in combination. It was first introduced as tannalbin. The use of tannin albuminate is based on the assumption that the tannin would pass the stomach largely unchanged, and thus the astringent action be exercised in the intestine where the compound would be decomposed by the intestinal fluid. It is used in diarrhea, particularly that of children and in phthisis. Merck and Co., New York.

**MERCURIALIZED SERUM-LEDERLE.**—A brand of mercurialized serum complying with the New and Nonofficial Remedies description. It is marketed as Mercurialized Serum-Lederle, Dilution No. 1 containing mercuric chloride 0.0013 gm. in 30 cc. and Mercurialized Serum-Lederle, Dilution No. 2 containing mercuric chloride 0.0026 gm. in 30 cc. Each is accompanied with an equipment for intraspinal administration. Schief-

felin and Co., New York (*Jour. A. M. A.*, April 26, 1919, p. 1225).

**MERCURIALIZED SERUM.**—A solution of mercuric chloride in normal horse serum diluted with physiological sodium chloride solution. Mercurialized serum is proposed for the treatment of syphilis, particularly the crebrosplinal type. It can be used intraspinally and intravenously.

**TUBERCULIN "B. F." (BOUILLON FILTRATE) LEDERLE.**—Marketed in vials containing 1 cc. For a description of Tuberculin Denys, see New and Nonofficial Remedies, 1919, p. 280. Schieffelin and Co., New York.

### PROPAGANDA FOR REFORM

**VALIDITY OF PROVISIONS CONCERNING "PATENT" MEDICINES.**—In the proceedings instituted by E. Fougera and Co., Inc., against the City of New York, et al., the Court of Appeals of New York holds that the provision of the sanitary code is not unconstitutional in that it prescribed the formula disclosure of medicines. The purposes and

effects of the code were well within the police power and had the object of protecting the public. "No man has a constitutional right to keep secret the composition of substances which he sells to the public as articles of food" (*State v. Aslesen*, 50 Minn. 5, 52 N. W. 220). If that is true of food, it is even more plainly true of drugs. But there was one objection to the ordinance, though one that amendment might correct: that the ordinance did not except existing stores of merchandise in the hands of dealers, in that the board of health exceeded the powers delegated to it (*Jour. A. M. A.*, March 8, 1919, p. 753).

**RADIUM TREATMENT OF ARTHRITIS DEFORMANS.**—According to New and Non-official Remedies it has been claimed that radium emanation is of value in all forms of nonsuppurative, acute, subacute and chronic arthritis (syphilitic and tuberculous excepted), in chronic muscle and joint rheumatism (so-called), in arthritis deformans, in acute and chronic gout, etc. Its chief value is in

## ST. LUKE'S HOSPITAL JACKSONVILLE FLORIDA

The new buildings constitute a General Hospital of an excellence unsurpassed in this country, which is open for the reception of private patients, and all physicians members of The Florida Medical Association.

The Isolation building is fully equipped for the care of contagious diseases.

Rates from

**\$15.00 to \$47.00**  
per week

The Nurses' Training School has been greatly enlarged and improved in every way, and is Registered with the Regents of the State of New York. There are usually one or two vacancies for Probationers desiring to enter the training school and also for Graduates desiring Post-Graduate work.

All information may be obtained by writing to the Superintendent of St. Luke's Hospital, Jacksonville, Florida.



the relief of pain. Curative results seem to be lacking (*Jour. A. M. A.*, April 26, 1919, p. 1245).

### PUBLISHER'S NOTES.

After being closed for two years due to government restrictions, prohibiting visitors from the stockyards because of the war, Armour and Company's huge plant in the Chicago stockyards is again open to visitors, an announcement from the company states.

This announcement will prove of interest to not only people who intend to visit Chi-

cago some time this summer, but to many others as well because, the announcement says, "preparations are being made by Armour and Company to open their other plants in various parts of the country so that a trip through a packing plant, which is an educational one, will not just be limited to Chicagoans or visitors in Chicago, but to people in fifteen different parts of the United States, where Armour and Company have packing plants. Uniformed guides are in attendance to explain the various interesting things to be seen."

## UNIVERSITY OF GEORGIA MEDICAL DEPARTMENT AUGUSTA, GEORGIA

**ENTRANCE REQUIREMENTS.** The successful completion of at least two years of work including English, Physics, Chemistry, and Biology in an approved college. This in addition to four years of high school.

**INSTRUCTION.** The course of instruction occupies four years, beginning the second week in September and ending the first week in June. The first two years are devoted to the fundamental sciences, and the third and fourth to practical clinic instruction in medicine and surgery. All the organized medical and surgical charities of the city of Augusta and Richmond County, including the hospitals, are under the entire control of the Board of Trustees of the University. This arrangement affords a large number and variety of patients which are used in the clinical teaching. Especial emphasis is laid upon practical work both in the laboratory and clinical departments.

**TUITION.** The charge for tuition is \$150.00 a year except for residents of the State of Georgia, to whom tuition is free.

*For further information and catalogue, address*

**THE MEDICAL DEPARTMENT, UNIVERSITY OF GEORGIA  
AUGUSTA, GEORGIA**

## NEW ORLEANS POLYCLINIC

Graduate School of Medicine, Tulane University of Louisiana

**THIRTY-THIRD ANNUAL SESSION OPENS SEPTEMBER 22, 1919, AND CLOSES JUNE 5, 1920**

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery, including laboratory, cadaveric work and the specialties.  
For further information, address:

**CHARLES CHASSAIGNAC, M. D., Dean**

Post Office Drawer 770

Tulane also offers highest class education leading to degrees in Medicine,  
Pharmacy, Dentistry, Hygiene and Tropical Medicine

**NEW ORLEANS**



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, August, 1919

Number 2

## ORIGINAL ARTICLES

### THE MEDICAL AND SURGICAL TREATMENT OF SENILE CATARACT.\*

W. HERBERT ADAMS, M. D., D. O. (Oxon),  
Jacksonville, Fla.

This paper was written chiefly to call attention to a method of treating senile cataract, which in the writer's experience has proved satisfactory in many instances, and which he believes is not generally used.

The etiology of senile cataract being, in many instances, not definitely known, the remedies must necessarily be more or less empirical; we do, however, know some of the predisposing causes and can employ suitable prophylactic remedies in such cases. For instance, we know that in Florida, as in all countries with an abundance of bright sunlight, cataracts are very prevalent, the remedy naturally would be to protect the eyes from the intense glare by suitably tinted glasses. Uncorrected hypermetropia probably tends to cause cataracts at times. This is brought about by the constant pulling on the lens capsule by the ciliary muscles; the remedy is, of course, the full correction of the refractive error, so that all hyperopes above forty years of age should wear constantly their full correction. Senile cataracts are much more prevalent in hyperopes than in myopes, except myopia of high degree. Some cases are, undoubtedly, caused by chronic toxemia, the remedy for which would seem to be suitable eliminants. Many, in fact I believe a majority of, cases have some slight changes, degenerative or mildly inflammatory, in the choroid or some part of

the uveal tract; the best remedy for such cases, in my opinion, is iodine in some form, often combined with small doses of a mercurial, the remedy to be long continued.

Some ophthalmologists advocate very strongly the use of iodides in the form of eye drops, eye baths, local inunctions and subconjunctival injections, and claim very favorable results from their use; the writer, however, prefers subconjunctival injections of cyanide of mercury—in my experience it has proven remarkably beneficial in nearly all the cases in which I have had an opportunity to use it a sufficient length of time, beginning at an early stage.

Most writers on ophthalmology dismiss the subject of the medical treatment of senile cataract in a few words by saying that "no beneficial treatment has yet been found"; however, a few, whose honesty and capability we can not doubt, have advocated various medical remedies, chief among which is the one that the writer uses. Whether or not this remedy acts solely by its counterirritant effect, thus cutting short any low-grade inflammation that may be affecting the lens or uveal tract, or by improving the lymphatic circulation of the lens, and thereby its nutrition, I do not know. I only know that it frequently produces beneficial results, and that is what we want and what our patients preeminently desire.

My plan of treatment is, as soon as cataractous changes in the lens can be definitely made out, to give three or more subconjunctival injections, consisting of from 30 to 60 minims of a 1-3000 solution of cyanide of mercury with which is combined a few drops of a 1 per cent aconin, novacain, or some other local anesthetic to lessen the

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

pain due to the injection. These injections are given under the upper bulbar conjunctiva, and as far removed from the cornea as possible. The interval between the injections will vary somewhat with the amount of counterirritation produced, and the time it takes for the eye to clear up, generally from two weeks to a month intervening between injections. The patient uses drops consisting of 5 per cent dionin in 1-3000 cyanide of mercury in the intervals between the injections, with, perhaps, a weak solution of atropine, used once a day, especially if the cataracts are of the nuclear type. The vision in this type of cataract is improved by mydriatics. I might report several cases in which I have obtained good results with this method of treatment, but will cite only two.

*Case No. 1.*—Mr. C. C. B., age 69, a retired business man, was referred to me January 15, 1918. He gave a history of indistinct and foggy vision, which was steadily getting worse. At that time, with his correction, the vision was O. D. 5-10 and O. S. 4-10, a rather late stage to begin treatment, but he was anxious for any method of treatment that promised a beneficial result. Both lenses showed the well marked changes of typical senile cataract. I gave him, altogether, six subconjunctival injections in each eye at varying intervals; during the intervals between the injections he was given drops consisting of 5 per cent dionin in a 1-3000 cyanide solution, these drops to be used in the eye once or twice a day, and, also, from time to time he took iodides internally; no especial effort was made to spare the eye in its ordinary use. He was a model patient in that he followed my instructions to the letter. His vision a few days ago, with correction, was O. D. 7-10 and O. S. 7-10, and he reads Jaeger No. 1 easily, thus showing that his vision has materially improved. This result in a steadily progressing cataract, after an interval of seventeen months, convinces me that something has definitely arrested the disease, and ophthalmoscopic examinations made at frequent intervals show no further

progress in the cataractous changes in the lenses. I feel morally certain that had Mr. B. not taken some treatment his cataracts would have been, at least, much farther advanced than they are at present.

The case will be closely watched, and any increase in the opacity of the lenses will be followed by another course of injections.

*Case No. 2.*—Mr. S., age 49, holding a clerical position with the government, was referred to me by one of my colleagues on June 30, 1917, to be treated by the subconjunctival method. I found him to be suffering from a well-marked senile cataract, of the soft, nuclear type, in each eye, somewhat more advanced in the left eye. His vision was at that time O. D. 3-10 and O. S. 1-10. As he was a man of family and largely dependent on his salary for support, and as his vision was steadily growing worse, he, naturally, felt concerned about the future, especially as he had been led to believe that nothing could be done for his cataracts until they were mature, which meant, at least, some months of enforced idleness. He was anxious to try any method of treatment that offered hope of improvement. I found that by dilating his right pupil widely and using a strong reading glass that he could see well enough with his right eye to perform his duties satisfactorily. I decided to try to arrest the progress of the cataract in the right eye until such time that the more advanced one could be operated on. I gave him three subconjunctival injections in the right eye at suitable intervals, and during this time I did a preliminary iridectomy on the left eye, and several months later did an extraction of the now fully matured cataract. As soon as the eye was sufficiently recovered from the operation, which I am happy to say was very successful, he was fitted with glasses, and he now uses the operated eye for his work. Treatment has been discontinued in the right eye for sometime, and it will probably slowly progress towards maturity, at which time it will, also, be operated on. This case shows the value of being able to

retard or arrest a cataractous process in the lens. Mr. S. has been able to retain his position and do his work satisfactorily all the while, in spite of the fact that two years ago he had two rapidly growing senile cataracts. I was greatly pleased with the result of this treatment, and I think I can safely say that the patient also was. Now, while "One swallow does not make a summer," nor two cases definitely prove any theory, I claim that they show what can be done in some cases. I make no extravagant claims for this form of treatment, but I shall continue to use it until I find something better. This treatment to be successful must be begun early; no one claims good results in well-advanced cases of cataract.

The difficulty that oculists have is in getting these cases in the incipient stage, and here I wish to mention one of the first symptoms that you will have called to your notice by presbyopic people, *i. e.*, they will inform you that they are able to read without their glasses, or with very much weaker ones than they have been accustomed to use, and seem to be getting their "second sight"—they will generally admit that their distance vision is not as good as formerly, and, perhaps, a little foggy. This symptom is due to the swelling of the patient's lenses and is nearly always the beginning stage of cataract, and when you first hear of this symptom, then is the time you should advise patients to consult an oculist about their eyes.

Many cases, if seen in this stage, might be spared many months of anxiety, and some might escape an operation entirely.

I will not dwell very long on the surgical treatment of cataract. Shall we operate, or not, on the monocular-mature cataract when the other eye is entirely free from cataractous changes? I say, as a rule, yes, because while we can practically never give the patient binocular vision with only one eye operated on, the field of vision is always improved, and furthermore, the other eye is always liable to become impaired, either

through cataractous changes, or from an accident, and the operated eye can then be used until such a time as the other one can be operated on, whereas, if we wait, we might have a hyper-mature cataract to deal with, which is never as favorable for an operation as one at the proper stage of maturity, so while there are some arguments against it, my advice is, as a rule, to operate at the most favorable time.

Shall we, or shall we not, do a preliminary iridectomy? Each case must be decided on its own merit. As a rule the most careful and conservative operators advise a preliminary operation if feasible; some patients object to undergoing two operations. My advice is in all cases of complicated cataract, or when the patient has previously lost the other eye, and when the patient has plenty of time, to have the preliminary operation done, but patients must be warned that the first operation will not materially improve the sight.

Many different methods of ripening cataracts have been devised. I will not take up your time by enumerating them, but will only say that my choice is the "Homer Smith" preliminary capsulotomy operation, by which an immature cataract may be made ready for an operation in from six to twenty-four hours. This is done by opening the capsule of the lens by a crucial incision, thus admitting the aqueous humor. This method has many advantages when the patient must have an eye operated on before the cataract is mature, and is the method to which I resort when I can not arrest the progress of a cataract by the subconjunctival method, and when the patient must have the use of one eye, at least, to continue his occupation.

Concerning the operation of intracapsular extraction, generally known as the "Indian Smith" operation, I shall say very little. Theoretically, it is an ideal operation; practically it is used by very few ophthalmologists, probably because of lack of skill in doing it successfully. I believe, however, that this operation, or some modification of it,



will be the next great advance in cataract operations.

Before an extraction the lachrymal ducts and lids should be examined and known to be free from inflammation and pathogenic germs; staphylococci, however, are nearly always present in the conjunctival sac and need not prevent us from operating. The patient needs no preliminary treatment except argyrol or some other mild antiseptic used in the eye a few days prior to the operation; the bowels should be freely open the day before the operation, and perhaps a hypodermic of morphia given an hour before the operation if the patient appears nervous and anxious, unless morphia is known to produce nausea some hours after its administration, in which case it had better not be used. The patient should be reassured about the operation being painless, because this is what most patients dread. Four per cent cocain should be instilled several times at intervals of five minutes a half-hour before the operation and adrenalin may be used once or twice. When we wish to be absolutely sure that the iris will be rendered insensible to pain, we may use a 10 per cent solution of cocain a few times; the eyelashes and brows may be trimmed with scissors, if very heavy, the lids, brows and surrounding parts be washed with soap and water followed by sterile water; one drop of cocain solution is now instilled in the other eye to keep it from winking. The writer has the lids held open by his assistant with "Todd's Lid Retractors," this prevents any possibility of the patient squeezing with its attendant loss of vitreous, or other mishap. The incision is made with a narrow Graefe's knife and includes about two-fifths of the cornea, and I, as a rule, make the incision periphally and leave a small uncut conjunctival flap at the inner third of the incision. This is a preventive against the loss of vitreous and interferes very little with the extraction of the lens, and certainly allows us more freedom in making a careful toilet of the eye.

The iridectomy is now done, if one is not

going to do a simple extraction. The peripheral iridectomy has many advantages, chief among which is a round and movable pupil; this form of iridectomy, however, is not easily made at all times. The writer uses capsule forceps to open the capsule and tear away as much of the anterior capsule as possible; this procedure, I think, lessens the number of necessary needlings of secondary cataract. The lens is now expelled by firm and continuous pressure over the cornea at the lower border of the lens, the anterior chamber may now be irrigated if necessary, the soft lens matter forced out by gentle strokes of the spatula, the iris is carefully smoothed out, being especially careful that no part of it is left between the edges of the incision. As a rule I now instil 1 per cent eserine in 1-5000 cyanide mercury. Both eyes of the patient are now bandaged, the patient put to bed and given only fluid diet for the first twenty-four hours; the patient is allowed to sit up on the third day, and one eye is left uncovered on the fifth day, if there are no complications, and about the tenth day the patient is allowed to have the operated eye open, protected only by a pair of dark glasses; as a rule the eye is dressed only once a day, at which time atropine and argyrol are instilled. Should iridocyclitis develop, the room is darkened, atropine increased in strength and frequency of application, and dionin is also used with atropine, counter-irritants to the temple, and aspirin administered internally. Should no complications ensue, glasses may be fitted at the end of a month, though these will probably have to be changed at the end of six months on account of changes in the astigmatism. Should needling of the secondary cataract be thought necessary, it should be performed in from three to six months while the fibres of the capsule are elastic. Needling should never be done without it is absolutely necessary because, while it is a simple operation, it sometimes gives rise to very serious trouble.

Some of our postoperative cataract cases

show a slow deterioration of vision at varying intervals after extraction, even when the first results were all that could be expected; these cases probably have some degenerative changes taking place in the interior of the eye—such cases generally improve on small doses of iodides, but I do not hesitate to give one, or more, subconjunctival injection in cases where I suspect inflammatory conditions.

Cataract is a serious disease, but by no means the worst one that the eye is subject to; if taken and treated vigorously in its incipency, many cases might have their progress delayed, or entirely arrested.

Owing to the scope of this subject it was not possible to go into the details without unduly prolonging this paper, but if it shall cause any of my oculist friends to further investigate the subject of the medical treatment of cataract, and enable my non-specialist colleagues to give a more cheerful prognosis to any cataract cases that may first apply to them for advice, it will have accomplished its purpose. I thank you.

*Suite 520 Professional Building.*

#### MIDWIFE OBSTETRICS.\*

WM. W. MACDONELL, M. D.,  
Jacksonville, Fla.

The year 1918 will be notable not only for the winning of the war by the Allies but amongst health workers for increased activity in the saving of American babies' lives. The goal was set at 100,000—how much was accomplished is not yet known. The influenza epidemic, coming in the latter part of the year, carried many mothers and prospective mothers to the grave and gave an increase in infant deaths, premature births and stillbirths that have not yet been computed for the nation as a whole.

In the steps taken to preserve infant lives some interesting conditions are to be noted. Three-fifths of the deaths of infants under

one year occur during the first month of life. One-fifth occurs during the first forty-eight hours. That this occurs points to inadequate care before, during and after childbirth.

It is known that about 15,000 women of the nation die from year to year in childbirth and that since 1900 no improvement has taken place in this mortality. You who have followed the mother as a patient before, during and after confinement, giving her the benefit of all your knowledge and skill, are aware that a very large percentage indeed are never physiologically normal after the baby comes, but have pathological conditions existing as a result of what nature intended to be a physiological process. De Lee says that fully 50 per cent of mothers exhibit conditions which are abnormal as the result of childbirth.

The prevention of maternal deaths and morbidity and of stillbirths and of infant mortality during the first month of life, therefore, demands increased protection and adequate care of the mother before, during and after childbirth.

In considering how this might be applied to the state of Florida, I asked Dr. S. G. Thompson, Chief of the Bureau of Vital Statistics, State Board of Health, for some figures which I will quote:

In 1917, 17,921 children were born alive and 1,193 were born dead. In 1918 there were 18,141 live births and 1,262 stillbirths, the percentage being close to seven dead babies for every 100 of total births—a high wastage of life and time. Our figures in Jacksonville are higher, being nearer 10 per cent stillbirths. Our birth and death registration are, I believe, slightly more accurate, as I know that the reporting of a stillbirth, especially in rural communities, is not as prompt even as that of a live baby. Also, a city with a large colored population has a higher percentage of syphilitics than is the case in the country, which increases the number of stillbirths.

There are registered in Florida some 1,296 physicians. There are registered with the

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

State Board of Health some 1,436 midwives. During 1918 the physicians delivered 9,183 white children and 822 negroes. The midwives attended at birth 3,445 white babies and 4,691 children of color. The percentage of midwives' deliveries are 44.6 of the total.

Dr. Thompson was not able on short notice to give me the figures of stillbirths in physicians' practice as compared with midwives for the state, but from our city records of several years past they run about one for physicians to two for midwives. I would judge that this rate holds true for the rest of the state, though, in 1914, in Jacksonville, a city ordinance was passed requiring midwives in the city to stand an examination before being allowed to practice, and of seventy-eight midwives fifty-two were found to be undesirable. They were mostly negro women, ignorant, filthy and superstitious. Florida has no midwifery law; one bill before the Florida Legislature having failed of passage at this session.

Knowledge is power—the application of knowledge is efficiency. Who are our midwives, and why do we have them? The greater majority of our midwives are ignorant colored women. In Jacksonville we have twenty-two registered midwives, only three being white. I gave a course last fall to applicants for examination; out of sixteen only two qualified. The course covered the principles of antisepsis and asepsis, resuscitation of the child, the care of the cord and eyes, and the conditions existing before, after and during labor in mother and child for which a physician should be called—a very meager course of midwifery I grant you.

In 1913 we had thirty-six deaths from tetanus neonatorum in midwife practice. Infant mortality rates in the first two weeks were three times higher than in physicians' practice. Last year we had only one death from tetanus neonatorum and that was when a neighbor woman dressed the cord. There has been a fall in our first two-week infant mortality rate.

These ignorant midwives have derived

from Africa many superstitions which exist still in their obstetrical service. Witness in the State Board of Health booklet, "Instructions For Midwives," the following *don'ts*:

"Don't place an axe under the bed expecting to stop a woman from bleeding.

"Don't give the mother blood from the afterbirth or a piece of the cord for after-pains.

"Don't drive the man from the house during confinement.

"Don't give the baby a mixture of urine and breast milk to clear phlegm out of its throat.

"Don't expect to cure sore mouth of a child by placing it in a hog's bed and walking backward to the house.

"Don't put milk in child's eyes to cure sore eyes."

There are many more of which you are familiar.

The reason for midwives. The principal reason exists in the cost incident to the coming of a child into the home. Physicians' fees for confinement vary. In one community in which I practiced the standard fee was \$5.00. \$30.00 to \$50.00 is the usual city fee for normal labor attended by the physician. \$15.00 to \$25.00 and mileage are country fees. Physicians tell me that the obstetrical fee is the hardest to collect. Then there is baby's layout and the cost of the extra help while the puerperium is in progress. The midwife usually acts as the help and her services are covered by a small wage. Remoteness from a physician in rural communities also accounts for the midwife.

I wish to bring to your attention a condition which has gradually come about during the last fifteen years. In 1880 there were 100 medical colleges who graduated 3,241 physicians. In 1910, 133 colleges and 5,214 graduates; in 1914, 160 colleges and 5,600 graduates. There has been a gradual decrease since this high-water mark in both colleges and graduates until, in 1918, we have only 90 medical schools and 2,670 graduates.



This falling off of colleges and graduates is due to three factors :

First—Increased standards of education in both preparatory and college requirements before a student can obtain a degree.

Second—Increased length of time of the medical course.

Third—Increased cost of this education.

Our population has been increasing very fast and the number of physicians who are entering the specialties rather than general practice is also more marked. The general practitioner is usually the graduated obstetrician. It is to be noted also that our hospital graduate nurses are not taking to midwifery. This is true of the whole country. By training they are next most capable to the physician to do midwifery. They receive better fees than the midwife and possibly their acquaintance with hospital technique and association with physicians registers in their minds a deterrent to assuming responsibility.

Let us consider the situation and suggest some remedies. Nearly 45 per cent of the women of Florida do not receive adequate care in childbirth. Midwives are mainly ignorant of asepsis, antisepsis and of the proper antepartum and postpartum care of mother and child, and of the proper technique of delivery. Complications and stillbirths are more than doubled in their hands.

A material increase in physicians is not to be expected, while a definite increase of population is.

Hospital nurses are not taking up midwifery. The State Board of Health has issued a good pamphlet for instructing midwives. My experience is that very few of them can read; therefore I would suggest two remedies :

First—That the Children's Bureau of the State Board of Health send out a corps of instructors to each county and teach a course of elementary obstetrics to all the midwives in the locality. The new vocational training law might help for funds for this work if the State Board of Health can not finance it. Compulsory attendance on this course might

be made by publicity in papers or legislative action.

Second—The stimulation of our hospitals to give a special course for midwives, and legislative action compelling midwives to take an examination.

In conclusion, is it too little to hold as an ideal or standard in the reproduction of our people this thought from De Lee? "That reproduction should not cause the death or injury of the mother, and that the child be born alive, well and capable of continued extra-uterine existence."

### SEMINAL VESICULITIS.\*

EDGAR PETERS, M. D.,  
Miami, Fla.

This is a disease of which until a few years ago but little was known.

The seminal vesicles are two lobulated pyriform pouches, each about two inches long, located between the bladder and the rectum. One on each side of the median line of, and closely connected with the posterior surface of the bladder, each lying to the outer side of the corresponding vasdeferens and to the inner side of the ureter; a layer of fatty tissue intervening between the vesicle and ureter, joining them closely together. The body of each vesicle tapers from above downward, terminating in a duct which joins with the vasdeferens of its corresponding side to form the ejaculatory duct of that side.

The ejaculatory ducts are each about three-quarters of an inch long. They enter the prostate a little below its upper posterior border, passing upward and forward, terminating in two narrow orifices, one on each side of the verumontanum. The portion of the prostate traversed by these ducts is largely made up of muscular and fibrous tissue and can be more or less definitely differentiated from the glandular structure of the organ.

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

*Etiology:* Inflammation of the seminal vesicles may be caused by sexual excess, by withdrawing during coitus, by masturbation, etc. But the principal cause is infection, most usually gonorrheal.

*Pathology:* As a rule but one vesicle is involved. Sometimes both are attacked simultaneously or in more or less quick succession. The inflammatory process is at first limited to the interior of the vesicle, then very rapidly involves the whole structure and invariably extends to or in some degree implicates the perivesicular tissue. The secretion contains pus-cells, gonococci, streptococci, colon bacilli or some of the other pus-producing organisms, casts of epithelium, connective tissue cells and fragments of spermatozoa.

The chronic form is usually a continuation of an acute attack; the lesions gradually merging from one stage into the other. The changes are more pronounced. The mucosa is at first hypertrophied; then as the new formed connective tissue contracts, the blood supply is lessened, causing the mucosa to atrophy, and the whole organ shrinks.

*Symptoms:* The symptoms of acute vesiculitis are general and local. The general symptoms are those that accompany any acute inflammatory condition, namely fever (which usually is not over 99 to 101, yet it may be as high as 104). The pulse rate is usually in proportion, headache, constipation, and a general feeling of malaise. Such acute attacks are very rare, as in nearly all cases the general symptoms are mild.

The special symptoms are most marked in the urinary and genital tract. The genital symptoms are troublesome erections accompanied by dull pain high in the perineum, increased sexual desire, frequent nocturnal emissions accompanied by pain. The discharge is usually stained with blood or pus.

Urinary symptoms are, sensation of fullness and inability to empty the bladder, frequent micturition, burning tenesmus with a feeling of stiffness in the neck of the bladder.

The urine is usually increased in quantity, highly colored and of high specific gravity. This is a sort of nervous polyuria.

Diagnosis can only be made by rectal examination. The finger is passed into the rectum, over the base of the prostate. Normally the vesicles can not be distinguished, but when inflamed they feel distended, hot and indurated, resembling a leech tucked in between the anterior rectal wall and bladder, extending up from the corresponding lobe of the prostate. The pressure of the finger often causes a nauseating pain accompanied by cold perspiration and fainting. In case there is perivesiculitis the space between and around the vesicle is filled with an cedematous or plastic infiltration that resembles a large flat tumor in which neither the prostate or vesicles can be made out. Massage of the vesicles is also of value in obtaining the inflammatory products for examination.

*Chronic Vesiculitis:* The general symptoms are of a neurasthenic character and unless there is some evidence of urethritis present, we are prone to overlook the real trouble and fail to examine the vesicles, consequently we attribute any vague genito-urinary symptoms to part of the general neurasthenic condition.

The general neurasthenic symptoms are occipital headache, backache, loss of sleep, made worse by sexual excitement, numbness or heat and cold in the back and limbs. A sensation of numbness or shrunken condition of the genitals, indigestion, mental lassitude with a tendency to melancholia. These patients are imaginative and apprehensive and were formerly considered hypochondriacs. Of course these symptoms vary.

The five main symptoms are: Disturbance of micturition, spermatorrhea, pain, sexual erethism and impotence.

Disturbance of micturition is frequent but not as marked as in the acute form. A burning sensation may be present along the whole canal or may be confined to the prostatic urethra or to the end of the glans penis. The

urine is clear unless there is a urethritis or suppurative disease of the bladder or kidneys present.

Spermatorrhea is due to thickening or atonic condition of the walls of the ejaculatory duct. This causes a gleet discharge.

Pain of a dull character is present deep in the perineum, which usually radiates to the back or groin, though it may simply be a feeling of uneasiness, the discomfort of tickling.

*Sexual Erethism*: There are frequent secretions which may interfere with sleep.

*Priapism*: Frequent nocturnal emissions accompanied by dreams, followed by a feeling of depression and pain. As the disease progresses the erections become imperfect and less frequent. Coitus is unsatisfactory and may be followed by headache and a tired feeling. (Sexually he has about arrived at his destination, if you please.) The lack of tone increases until erection no longer or very seldom takes place and the patient suffers from partial or complete impotence.

## VENEREAL DISEASES — THE PUBLIC UNDERSTANDING AND MISUNDERSTANDING OF THEM.\*

H. E. WHITFORD, M. D.,  
Ozona, Fla.

In selecting this subject, I wish to create discussion along the line rather than to attempt to produce anything new.

I am surprised at the strides along the control of venereal diseases since our entrance into the world war, and if we succeed in partially eradicating these diseases, the war loss and expense shall not have been in vain.

In past centuries, war has given a new stimulus to venereal diseases and it now seems that the war is to do a great part in their eradication.

Is it not strange, with our present viewpoint, that the profession should for so many

years allow these diseases with their destruction to go on—unfought, unrecorded, unreported—with a damage to the human race beyond repair? Is it not equally strange that with our scientific knowledge the average young man, at least prior to the war, considered gonorrhœa as a mere passing inconvenience and syphilis not particularly distinguished as a disease or in consequence from gonorrhœa? We have no word or sentence in our language that fitly describes our laxity in this matter. And we have had all nations of the world for company and support in this negligence.

Our state of Florida is the proud possessor of the largest percentage of venereal disease among her soldiers and sailors of any state in the Union, and we have no reason to believe that there is not a corresponding percentage among the laity. Oregon, which for years has carried on educational work along this line, stands with the lowest percentage!

Now, the question arises as to ways and means of reformation. The general public seems to so easily misunderstand these cases and to be willing to endow the physician with superhuman power. To be sure, our advantages in diagnosis and treatment have wonderfully improved, yet how much we *can not* accomplish is remarkable. However, for the first time in history, a chance for the eradication of venereal diseases exists. The pulpit, press, magazines openly discuss the subject. Prohibition and anti-narcotic laws are general, State laws are being passed. Public Health Associations are pushing the propaganda. State Boards of Health are working along these lines and establishing clinics and giving treatments. There is more stringent control of prostitution and a more comprehensive understanding and segregation of our defectives. But of the greatest importance are the 4,000,000 young men of our country who have received truthful, unexaggerated instruction in these matters and who are coming back into the body politic, reaching every nook and corner—a tremendous nucleus of advantage for the future. These young men will always be able to care

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.



for themselves and their progeny. But the boys below military age, even to ten years of age, must be protected by education fitting them.

The Public Health Service will no doubt continue to be of great help.

Since statistics show us that the average boy receives his first distinct sex impressions before the age of ten, we know that proper sex education should anticipate the age of adolescence. Since, furthermore, parents and teachers, save in a small minority of cases, are not giving this knowledge, the schools must definitely plan for this work before conditions are going to change much in the coming generation. Not only the high school but the grades must be reached, since definite impressions and possibly sex habits are formed before high-school age, and because most of our Florida children leave school before reaching the sixth grade. Ideally, sex education should begin in earliest childhood in the home, kindergarten, primary school through Nature study, as the fecundation of the flower through the bee and butterfly, the fishes by spawn, the fowls by eggs, and on up; in the upper grades, in reading, geography; later, in history, sociology, biology, hygiene, psychology, household economics—in fact, through every branch until proper sex knowledge comes instinctively through a gradual and natural process. Through all instruction must come constant emphasis on personal hygiene. For this gradual evolution, a new generation of teachers and parents must come. For the present, the work must be introduced into the schools as sex education *per se*; and for this, only trained and professional teaching with lectures and pictures should be used. The time to begin is now. Much is being done through movies in this way. They should reach every school boy and girl. Now that the war is over, the profession must be the one to keep the necessity of continuing the work before the public—to “carry on.” Physical training, not for special school athletes, but for all the pupils, must come.

Public health associations, medical societies, educational bodies, etc., must form a definite plan and put it into operation soon. Such work can be expedited; the government proved that. We, as physicians, must be the body to push the work until no man can say: “I did not know the results were this.”

Let me quote in closing an editorial in the *Tampa Tribune* of March 21st:

“We have kept quiet over this ‘educational’ campaign against venereal disease which is attempted to be carried on in the newspapers of the country, especially in this state where it is claimed the percentage of cases is higher per hundred than in any other state. We do not believe the proper place for the discussion of these matters is in the press.

“But when we look at statistics furnished by the surgeon-general of the United States army, claimed to be based on records from the examination blanks of the millions of American draftees, and see that the thirteen southern states stand together at the bottom of the list, and range from Louisiana with 3.32 per cent, straight down to Florida with its 8.90 per cent, then we declare it is time for steps to be taken to rid the South of its shame.

“It is simply astounding to learn that the thirteen southern states have more venereally infected men than all the rest of the United States put together; but that is the fact, according to the figures of the surgeon-general.

“The South must put away this shame; it can not longer afford to lie under the charge of being a danger to posterity. But the way is not through purient publications in the daily press. It is a task for more diplomatic, more strenuous and more result-reaching channels than putting stories in a paper.

“The Florida State Board of Health and the Florida Medical Association have roused themselves to the emergency and we are confident will offer us a means whereby the ravage of the curse can be checked and the South, at least in our state, may again hold high its head and defy an accusation of taint in the blood.”

## CHRONIC DACRYOCYSTITIS AND ITS TREATMENT.\*

ALPHEUS K. WILSON, M. D.,  
Jacksonville, Fla.

This disease is characterized by a chronic inflammation of the mucous membrane of the lachrymal sac. The contents of the sac consist of micro-organisms of all kinds, especially the pneumococci. In the beginning it is caused by the constriction or closing of the nasal duct, and most commonly due to some affection of the nasal cavity.

Chronic dacryocystitis is a disease of long duration. In a very small percentage the cure is spontaneous, but this is rare; strictures of the nasal duct have formed in the meantime. The secretion at first is purulent, then becomes mucous and viscid and finally ceases. The much-dilated sac then contains only the accumulated tears.

The degenerated sac usually becomes enlarged, which causes either an ugly deformity or it may extend deep into the orbit, displacing the eyeball forward. Even though in this atrophic condition the duct again becomes pervious, the tears will not be conducted into the nose, due to loss of elasticity of the walls of the sac.

The excessive tears are very annoying, and if they last for a long time will produce chronic conjunctivitis, blepharitis ulcerosa and often ectropion. During the purulent stage, ulcers of the cornea may develop.

As to the treatment, special care must be given to the nasal cavity and to the lachrymal system. A large proportion of these cases can be cured if taken in the beginning, by syringing the canaliculus with a solution of cocaine and adrenalin, followed by a few drops of argyrol; with instruction to the patient to instil three times a day a solution of adrenalin, followed by argyrol.

Sounds and canulas may also assist in establishing the drainage, but where it is necessary to use such measures, the relapses

are very common, and treatment extends over many weeks and months. These latter methods are rapidly giving way to the more surgical procedures, as extirpation of the lachrymal sac.

First—It cures all cases.

Second—The simplicity of the operation under local anesthesia.

Third—The rapid cure of about five days, compared with several weeks of painful manipulation.

Fourth—The results are entirely satisfactory with the small exception of about 5 per cent who afterwards suffer with epiphora.

In these the lachrymal gland can easily be removed. Other operations, as Tote, West, Clark, Yankauer and Gifford, have failed to become popular on account of unfavorable results.

---

## PROPAGANDA FOR REFORM.

PARTOLA. — A physician reports that a patient taking Partola as a blood purifier is now in a rundown condition with discoloration of the skin and a craving for the drug, and that another patient took three tablets before going to bed, developed cramps and aborted the next day in her third month of pregnancy. Analysis indicated Partola to be tablets containing 2.64 grains phenolphthalein per tablet, sugar, starch and oil of peppermint. (*Jour. A. M. A.*, July 5, 1919, p. 55.)

COMMERCIAL THERAPEUTICS.—The Merrell Proteogens present another attempt to foist on the medical profession a series of essentially secret preparations whose therapeutic value has not been scientifically demonstrated. It is the old story of exploiting physicians through commercial pseudoscience of trading on the credulity of the profession to the detriment of the public. Sir William Osler says the remedy against the commercial domination of therapeutics is obvious: "Give our students a first-hand acquaintance with disease, and give them a thorough practical knowledge of the great drugs, and we will send out independent,

---

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

clear-headed, cautious practitioners who will do their own thinking and be no longer at the mercy of the meretricious literature, which has sapped our independence." Excellent! But must humanity wait a generation? Why not stop this evil at once? The American Medical Association has provided the means whereby this may be done, if physicians will only make use of it—The Council on Pharmacy and Chemistry. (*Jour. A. M. A.*, July 12, 1919, p. 109.)

TYREE'S ANTISEPTIC POWDER.—An advertisement appearing in the *New York Medical Record* contains a bacteriologic report on Tyree's Antiseptic Powder by W. M. Gray, M. D., Microscopist, Army Medical Museum, and Pathologist to Providence Hospital. Every person who sees this advertisement and is not familiar with the facts will naturally suppose that this report, written on the stationery of the Surgeon-General's office, War Department, is a recent report. As a matter of fact, the report was issued January 3, 1890, nearly thirty years ago. Furthermore, the product that Dr. Gray examined was a different substance from the present Tyree's Antiseptic Powder. All these facts were brought out in the *Journal A. M. A.*, May 17, 1919, yet the *Medical Record* persists in publishing this inherently dishonest advertisement without explanations or apology. (*Jour. A. M. A.*, July 12, 1919, p. 129.)

PROTECTING THE SICK SOLDIERS. — The Council on Pharmacy and Chemistry, aided by the A. M. A. Chemical Laboratory, did a great work in investigating and passing on the many medicinal products offered to the Surgeon-General for the treatment of the sick soldiers in the hospitals and in the field. Fakes of every description were offered the government and it is a well-known fact that no matter how fraudulent, how fakish, or how ridiculous the wares might be, their promoters were able to get political influence, even certain congressmen and senators being secured to help them. Automatically all

medicinal preparations offered to the Surgeon-General were referred to the Council and thus many worthless preparations were barred from use by the government. It has been well said that our soldiers were better protected than our civilians; for while the government does not take any chances on the acceptance of useless if not worthless medicinal preparations, yet there are any number of doctors who fail to profit by the findings of the Council on Pharmacy and Chemistry. (*Jour. Ind. State Med. Assn.*, July 15, 1919, p. 196.)

PROTEOGENS OF THE WM. S. MERRILL CO. —The Council on Pharmacy and Chemistry reports that Proteogen No. 1 (Plantex) for Cancer, Proteogen No. 2 for Rheumatism, Proteogen No. 3 for Tuberculosis, Proteogen No. 4 for Hay Fever and Bronchial Asthma, Proteogen No. 5 for Dermatitis, Proteogen No. 6 for Chlorosis, Proteogen No. 7 for Secondary Anemia, Proteogen No. 8 for Pernicious Anemia, Proteogen No. 9 for Goitre, Proteogen No. 10 for Syphilis, Proteogen No. 11 for Gonorrhea, and Proteogen No. 12 for Influenza and Pneumonia are inadmissible to New and Nonofficial Remedies because their composition is secret; because the therapeutic claims made for them are unwarranted; and because the secrecy and complexity of their composition makes the use of these preparations irrational. The Proteogens are said to be prepared "Under the personal supervision of the originator, Dr. A. S. Horowitz," who also originated Autolysin (an alleged cancer remedy, exploited some years ago). At one time the advertising for Proteogen No. 1 (Plantex) gave the impression that this was essentially the same as Autolysin. A study of the medical literature revealed no evidence establishing the value of the Proteogens; in fact, no evidence was found other than that appearing in the advertising matter of the manufacturer. The range of diseases in which Proteogens are recommended is so wide as to make obvious the lack of scientific judgment which characterizes their exploitation. Consider-



ing the grave nature of the diseases for which Proteogens are recommended, the want of a rational basis for the method of treatment and the general tenor of the advertising, it appears safe to conclude that these agents do not represent any definite advance in therapeutics. (*Jour. A. M. A.*, July 12, 1919, p. 128.)

DR. DE SANCTIS' GOUT PILLS. — The American agent for these pills is E. Fougere and Co., Inc. When examined in the A. M. A. Chemical Laboratory they were found to contain powdered colchicum seed, benzoic acid and milk sugar. There was also present fatty material which resembled the fat of colchicum seed, but might be in part added fatty acid. It was concluded that De Sanctis' pills are essentially five-grain doses of colchicum seed. Here then we have sold for self-medication an extremely poisonous drug with no warning of the risk the public runs in using it. (*Jour. A. M. A.*, July 19, 1919, p. 213.)

DR. MILES' HEART TREATMENT.—According to the Miles Medicine Company this is "a strengthening regulator and tonic for the weak heart." No information regarding the composition of Miles' Heart Treatment is vouchsafed by the manufacturer beyond the statement of the alcohol content (11 per cent) as required by the law. However, quotations in the advertising suggest that the preparation contains digitalis and cactus. To determine the presence or absence of digitalis in Miles' Heart Treatment, physiologic tests were made. The question as to the presence of cactus was not considered of interest because cactus grandiflorus has been shown to have no physiologic action. The physiologic tests indicated that there were no digitalis bodies present in the preparation (in amounts that could have any therapeutic effects) in doses containing enough alcohol to induce narcosis. Examination in the A. M. A. Chemical Laboratory showed Miles' Heart Treatment to be a solution of a compound or compounds of iron representing

about 0.12 gm. metallic iron in 100 c.c. A solution of iron glycerophosphate in 10 per cent alcohol, with about 5 per cent glycerin, and a little sugar or glucose had much the same chemical properties as Miles' Heart Treatment. (*Jour. A. M. A.*, July 26, 1919, p. 287.)

"ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY." — The Council on Pharmacy and Chemistry of the A. M. A. is the department of our national organization that has not received the plaudits and encomiums of a wildly joyous medical profession nor the grateful praises of the enthusiastic manufacturer of pharmaceutical articles. Perhaps the reason for this may be found in the character of its duties, for the Council must expose fraud, sometimes in high places, and protect the physician from being duped by avaricious persons and by persons who are themselves sometimes the victims of their own credulity. It thus happens that some proprietary article previously held in high esteem by the practitioner proves valueless, perhaps even fraudulent. The practitioner, however, may have credited much of his success in treating sick conditions to that preparation and the maker has had success in accumulating dollars from the sale, and both parties emit a loud and vicious roar against the Council because both lose money. Despite many obstacles the Council on Pharmacy and Chemistry has serenely pursued its allotted tasks and today stands as the only medium through which physicians may turn for information regarding proprietary articles. The words "accepted by the Council on Pharmacy and Chemistry of the American Medical Association" should be printed on the label and on all advertising circulars of proprietary articles that have been admitted to New and Nonofficial Remedies. Then, when pamphlets and circulars are received by physicians, they will read the statements of manufacturers with sympathetic understanding and with full confidence of their verity of declarations. (*Jour. Mo. State Med. Assn.*, July, 1919, p. 223.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KINE, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRAY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and

Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Su-

wannee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:

Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter

Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:

Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and

Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam

Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington

Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.

L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:

W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMAERTE, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOCARTY, M. D., Chairman . . . . . Key West

W. L. HUGBLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting — DAYTONA — May, 1920

## THE DIAGNOSIS OF TUBERCULOUS COLITIS.

Tuberculous lesions of the intestine are frequently found at postmortem examinations (from 60 to 90 per cent) whenever a tuberculous process has existed in the lungs for any length of time. The inevitable lodgment of some of the tubercle bacilli which pass almost continuously along the gastro-intestinal tract of the tuberculous patient is to be expected. Clinical recognition has, however, lagged far behind the reasonable expectancy that postmortem experience seemed to warrant, perhaps because we concentrate our clinical attention so firmly on the pulmonary involvement that we disregard the rest of the body, or explain away possible intestinal symptoms on the basis of the general intoxication; more likely, though, because the great majority of the intestinal lesions, especially if located above the ileocecal junction, give rise to only an indefinite symptomatology.

Even with our attention focused on the abdomen as a result of suggestive symptoms, the means of certain diagnosis are still lacking. The mere finding of tubercle bacilli in the stool is of no value, for in virtually every open pulmonary case we get the same result on careful examination. This uncertainty is the more unfortunate because medical or surgical aid, if it is to be of value, depends entirely on the early recognition of the disease extension. When once the stage of distinct abdominal tenderness, of severe pain and of intermittent diarrhea has been reached, our corrective measures are virtually useless.

As an aid in just this situation, Brown and Sampson<sup>1</sup> emphasize the value of systematic roentgen examination as a routine measure in tuberculosis, basing their conclusions on a study of 110 cases. Two definite observations have been contributed by them: In tuberculous ulcerative colitis there exists a well marked hypermotility of the large intestine, particularly of the cecum, together with a distinct spasm of the cecal musculature.

These findings, when observed in a tuberculous patient, with or without definite abdominal symptomatology, seem of considerable diagnostic importance. In the clinical and roentgen correlation, Brown and Sampson found that of sixty-eight moderately advanced pulmonary cases, forty-four were negative, fifteen doubtful and nine positive on roentgen examination. Of the nine positive cases, four were proved positive at operation and five cases did not come to operation. Of twenty-two far advanced pulmonary cases, five were doubtful, the balance positive. Of these positive cases, nine were verified at operation, three resulted fatally, and five did not come to operation. Contrasted to these moderately advanced and advanced cases, the examination of incipient cases (eleven in number) yielded only three that were positive. Of these, one was proved at operation, one terminated fatally, and one did not come to operation.

While our diagnosis of tuberculous colitis has thus advanced considerably in this regard, the recognition of tuberculous ulcera-

tion of the intestine above the colon is still a baffling problem and one that, for the time being, will bring into demand the greatest amount of medical judgment and careful analysis of the patient. It is unfortunate, too, that therapy (apart from surgical measure), even when considered merely from the standpoint of amelioration, is quite unsatisfactory. Saxtorph<sup>2</sup> suggested the intravenous injection of calcium chlorid, and Fishberg<sup>3</sup> has reported some success in a limited number of cases. At times a single injection (5 c.c. of a 5 per cent solution) is said to relieve the distressing intestinal symptoms. When, however, the ulceration is extensive and the inflammatory reaction about the lesion includes areas of localized peritonitis and of adhesions to neighboring viscera, the chance even for palliative measures is poor.—*Journal A. M. A.*

1. Brown, Lawrason, and Sampson, H. L.: The Early Roentgen Diagnosis of Ulcerative Tuberculous Colitis, *J. A. M. A.* 73: 77 (July 12) 1919.

2. Saxtorph, S. M.: *Ugesk.* f. *Læger* 80: 1763 (Nov. 7) 1918.

3. Fishberg, Maurice: Calcium Chlorid as a Palliative Agent in the Treatment of Intestinal Tuberculosis, *J. A. M. A.* 72: 1882 (June 28) 1919.

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

### THE NURSE AND THE CAMPAIGN AGAINST CANCER.

As soon as the American Society for the Control of Cancer was organized and entered upon its program of promoting the education of the public regarding the early recognition and treatment of malignant disease, it was realized that the nurse and particularly the public health nurse would prove an invaluable ally in this campaign. Accordingly the Society has from the beginning endeavored to secure the active cooperation of all nursing organizations, national, state and local, of the leading training schools, and of individual nurses throughout the country.

#### *Instruction of Nurses Regarding Cancer.*

The appeal of the Society to the nursing

profession has been directed both to the provision of special instruction for pupil nurses and to the actual participation of graduate nurses in the dissemination of the elementary knowledge of cancer among lay people generally and particularly among women. Nurses who become familiar with cancer in their hospital experience are more likely to see the established and perhaps incurable cases of the disease. Only to a relatively slight extent has any special attempt been made in the past to teach nurses the first danger signals of the various forms of this disease and to emphasize those abnormal conditions of chronic irritation, lumps, unhealed sores and lacerations which too often provide the seat for the beginning of cancer



unless they are properly treated and removed. Therefore it has been a constant plea of the Society to schools of nursing that special lectures be arranged for and given by some member of the surgical staff of the hospital or other appropriate speaker to the end that every pupil nurse shall graduate with some conception of the early rather than the late symptoms of the disease and be thereby prepared to give intelligent and timely warning to lay people when any of these danger signals are brought to her attention.

#### *A Special Appeal to Nurses.*

Nurses and social service workers occupy a position of high strategic importance in the warfare against this, as against so many other diseases. Their daily concern is with matters of health, and many people, especially women, naturally seek their sympathy and advice about suspicious conditions even before they are willing to go to a doctor. Nowhere has the power of the nurse in this respect been more clearly stated than by the English surgeon, Dr. Charles P. Childe, whose book for laymen entitled "The Control of a Scourge," is one of the most forceful arguments for the education of the public regarding cancer that has ever been published. It would be well if every nurse could read this inspiring book which is published in the United States by E. P. Dutton & Company, New York.

Moreover, the public health nurse, especially since the war, is coming into a new and powerful position as a leader in the organization of the community for the protection of health and the prevention of needless suffering and death. In this country an unexampled opportunity for such community organization is presented in the comprehensive health program of the American Red Cross, in which nurses are taking a leading part. It is an immediate aim of the Society for the Control of Cancer to urge that education regarding this disease should have its due place in all of these local movements.

In renewing our appeal to the nurses of this country, we would again urge them each

and all to acquaint themselves with the very few facts which they need to know well in order effectively to discharge their peculiar obligation to aid in the earlier diagnosis, and treatment, and even prevention of cancer. An increasing number of pamphlets published by the United States Public Health Service, by state and local health departments, by the American Medical Association, and by the American Society for the Control of Cancer, are available for the information of nurses themselves and for their constant assistance in imparting knowledge to the public.

---

#### THE VITAMINE CONTENT.

The interest of physicians the country over has been greatly aroused by the publication of Reprint No. 333 from the Public Health Reports. The article is entitled "Bread as a Food, and Diseases, Malnutrition and the Vitamine Content in Its Relation to Pellagra."

The conclusion of the article that a reduced vitamine content of the diet immediately preceded the rapid increase of pellagra in that section is important as showing the cause of the disease, but the influence of the careless and indiscriminate use of soda in cooking as a cause of reduced vitamine content of the diet is almost equally important. It shows the necessity of the physician giving advice to the housewife in regard to her methods of cooking.

The use of soda in cooking leaves the food alkaline and the alkali destroys the vitamins. If, however, a proper amount of an acid ingredient is used, the food is not alkaline and the vitamins are not destroyed. In cooking breadstuffs, it has become a custom to use soda only as a leavening agent in certain sections of the country. In these sections of the country pellagra has been prevalent. The physician must take note of this custom and advise its discontinuance.

In other sections, milk or sour milk is used with the soda. This is a better practice, but still is fraught with grave danger. The amount of sourness, or lactic acid, must be

guessed at and the corresponding amount of soda also guessed. The housewife seldom ever does any guessing, because she does not understand that a relationship exists between the sourness and the soda. She adds what she considers enough soda to leaven, and what she considers enough milk or sour milk to enrich and moisten. As a result, the food is most often alkaline. The physician should advise against incurring these dangers. They can be absolutely avoided by the use of properly made baking powder, using sweet milk if desired. All well-known brands of baking powder are manufactured under chemical supervision and are reliable, while the housewife's rule of thumb methods with soda are dangerous in the preparation of breadstuffs.

Breadstuffs are the principal food material of a great class of the people, and their vitamine content is therefore to be husbanded and not destroyed. If, as a result of the economic depression beginning with the year 1907, the cost of food has increased out of proportion to the increase in wages, and that the pellagra incidence has also increased considerably since 1907, what are we to expect with the war prices that prevail today, which are felt all over the country? From 1907 there took place a reduction in the diet of the people of such foods as milk, eggs and meat, with a consequent reduction in the vitamine content of the diet. A like reduction is taking place on an even larger scale today, and therefore is the greater need of husbanding the nutritious qualities of bread and cereal products in general.

In this connection should be considered self-rising flour. This product containing soda, salt and an acid ingredient. If properly compounded, the soda and acid should neutralize each other and no alkali be left in the food to destroy the vitamins. Self-rising flour, however, is being manufactured largely by housewife rule of thumb methods without chemical supervision. It contains phosphate rich in calcium sulphate, which latter is undesirable in food products. The use of a standard baking powder and a good flour is

cheaper for the consumer and is safe. The latter consideration should overcome the tendencies to laziness to which weakness, only, self-rising flour caters.—*From Arkansas Medical Society.*

---

#### HARK YE, MILITARY RELIEF MEN.

While there are still some 800,000 men in service, the need for alertness on the part of military relief workers of the Red Cross in camps is obvious. On this point a stirring circular has just been issued by the Bureau of Camp Service, which says in part:

"Everyone coming in contact with overseas men has been impressed with their reports of Red Cross service on the other side. Again and again we all have heard of the magnificent way in which emergencies have been met and the spirit of Red Cross helpfulness exemplified, until we realize that in the minds of the overseas man nothing is impossible to the Red Cross.

"Here at home this reputation has been the greatest incentive to the Red Cross workers, and it has been the aim to continue to justify that reputation. Only one thing threatens failure and that is the tendency on the part of the Red Cross Military Relief workers to consider the job done, or so nearly over that an effort to correct mistakes and improve methods is now too late.

"A recent survey of demobilization indicates, perhaps more than anything else, the need for a helpful and efficient Red Cross service among the men who are coming home if they are to reenter civil life with a rational attitude toward their duty as citizens and the government in general. In fact, it is possible that nothing will more affect the prevalent spirit of restlessness than the efficiency of Red Cross work among these men.

"If we meet them with a forceful, enthusiastic desire to straighten out their difficulties, tackling their problems with an assurance that the Red Cross reputation for getting things done can still be realized, we are sure to leave in their minds an impression that the true spirit of the American

people is represented by this agency of helpfulness and that their grievances and complaints, however just they may be, are not so vital after all.

"Our job is not over. The Department of Military Relief has not been demobilized. In fact, there is little doubt that some of our most difficult work is yet to be done. We are pledged to the people of the country to see that every man in our Army and Navy gets the service we have been organized to render. The rapid demobilization does not relieve us of that obligation until every man is back home. As other plans for helpfulness are curtailed and as the restlessness of the men not yet released increases, the need becomes greater for the service we must render.

"The War Department announces that on July 8 there were still 866,685 men in the service. Is the Red Cross ready to serve these men as well or better than the men who came home first, or are we going to allow these men, many of whom saw the heaviest service, to complain that the hardest job and the meanest welcome was their lot?

"We must realize that many of the men leaving the service will return to communities in which the administration of Home Service is difficult. It has been shown by a survey of one or two such communities that the difficulties of the men may not be discovered for some time, whereas the cases may easily be opened before the men leave the service and thus assure subsequent attention.

"In the hospitals and other establishments we wonder if the efforts to render service continue to be such as to inspire the confidence of officers and men and an increased use of the facilities provided.

"The Red Cross has no quitters. We are sure that its splendid reputation will be justified and maintained by every Home Service worker of the Department of Military Relief. National Headquarters stands ready to help in every possible way in giving information about plans and methods that are proving successful and in securing

prompt action on special cases which concern departments here." — *The Red Cross Bulletin*.

## OCCUPATIONAL-THERAPY RESTORING WOUNDED.

BY WINIFRED CARR.

It is a long, hard term, labially and literally; one must needs go back to the old Greek to find its derivation and even then it is somewhat involved. The nearest English equivalent and the one that is generally accepted is the word "cure," although in this the original meaning is exaggerated. In short, it is "occupational-cure" — cure effected by occupation—that is restoring so many of the injured soldiers to normal health, strength and function. The process of occupational-therapy may be observed at any of our large base hospitals and it was recently my good fortune to spend an interesting afternoon at Walter Reed General Hospital, in Washington, going through its shops and laboratories.

Grievous wounds demand more than the setting of bones and the staunching of blood. In most cases, whether or not amputation is involved, the whole of the surrounding tissue or the adjacent member is affected. Muscles become useless; nerves are dead. Surgeons have found the answer to this in occupational-therapy.

Occupational-therapy is based on the principle that the best type of remedial exercise is that which requires a series of specific voluntary movements, involved in the ordinary trades and occupations, physical training, play or the daily routine activities of life. Its advantages over formal medical gymnastics, performed on special apparatus, are many. The human body is more than a machine where voluntary movements are concerned, and it is doubtful if formal repetition of movement from a mechanical source is of highest curative value in restoring the function of the affected part.

*The "Boss" at Her Work.*

Mechano-therapy does not allow for the personal initiative of the patient, and gives



little or no opportunity for voluntary effort or incentive for sustained effort. Because the human body is more than a machine, because so much depends on the mental attitude of the patient, the Department of Occupational-therapy at Walter Reed is placed under the management of expert psychologists, quick to discern the fine differences among the patients, quick to play on the various mentalities that present themselves, and quick to turn the attitude of the mind to the advantage of the body.

A bronze-faced, blue-eyed boy comes clumping down the corridor on his crutches, whistling snatches of a popular song and presents himself and the prescription from the surgeon to the blue-frocked aide at the desk in the "psychological lab." The aide, in spite of having eyes that match her uniform and hair like stolen sunshine, is a very efficient person, and the patient finds himself quickly and unceremoniously strapped to one of the Inquisition-like apparata in the laboratory, having the flexion and extension of his ankle measured, the ankle having salvaged a shrapnel ball in the Argonne.

"How about a little work on the scroll-saw, Miller?" she asks, suggestively, as she jots down a row of figures on a chart. Miller nods his head and murmurs something about guessing it would be all right. "It'll fix you up in no time," she remarks encouragingly, loosening the strap.

*"Michael Angelo, Jr."*

Curative work is always presented in this way. The patient must go willingly, otherwise the battle is twice as hard. Work must be inviting, interesting, attractive, as well as appropriate to each individual case. I went into all the shops and have not yet decided which was the most interesting. It was hard to leave Aversa, who was modeling "The Brothers," a soldier carrying his wounded comrade on his back. Aversa, who seems to be endowed with something of the vision of his countryman Michael Angelo, has two other very fine studies to his credit, "Chow" and "The Red Cross Nurse," although he

carries his left hand in a little steel frame for strengthening injured fingers, familiarly known as a "ukelele." Nearly all the studies, casts and busts in the little modeling shop are of soldiers, or nurses, or guns, or insignia, and one marvels at the persistent fondness of the boys for things military. And when they string beads or weave rugs or paint, there are only three colors in the spectrum, unless others are suggested, while the flag or the regimental insignia imbellishes everything. We have all seen the "Bit o' Yank" that bids fair to become a classic.

The carpenter-shop was humming away when I entered. It is not difficult, even for the casual layman, to see how cures are brought about by the use of the various carpentry tools. The treadle scroll-saw, that at the moment was turning out a long-tailed balancing monkey to sit on the edge of your mantelpiece and swing the hours away, is just the thing for stiffened knees and ankle joints, and the happy thought lies in the fact that the patient is curing himself without knowing it—that is, without making conscious effort. His mind is diverted from the troublesome joint, while the swinging monkey grows under the saw. The mechanical process of working the treadle does the rest.

*The Psychology of It.*

Do you see where the psychology of it comes in, now? Another patient was planing the parts of a desk. Nothing is better for a stiff shoulder or elbow than the plane or the saw, with their sweeping motions. And there is a "living room set"—library table, arm chair and desk—designed and made by a negro soldier, who fought at St. Mihiel and who declares that, contrary to all precedent, he is going to get the furniture first and then get the girl!

The rug shop is like a glimpse of Bokhara, with its gaudy, colorful hangings and its shifting looms. The tight, vertical warp threads on the Gobelin tapestry loom demand the adduction and extension of stiffened thumb muscles; the changing of the sheds in the Lane loom involves work for affected

ankle and wrist muscles. Many of the boys will carry home beautiful and practical souvenirs of their days in the rug shop. All toys, rugs, furniture, metal work, jewelry, etc., that the patients do not want for themselves are placed on exhibit for sale by the Red Cross, and the money goes direct to the "manufacturer." Some of the rugs are particularly worth while, carefully woven in lovely colors, and sell as low as \$3.50, which is much cheaper than they can be bought in the stores.

#### *Fifteen Hundred Patients Enrolled.*

The story of the machine shop and the knitting shop and the silversmithy and the jewelry and engraving shop are the same. In each instance some atrophied muscle is being coaxed into activity again through the medium of engaging occupation. In the past six months, nearly 1,500 patients have enrolled in the curative shops at Walter Reed.

The curriculum at Walter Reed embraces training in the important skilled trades, such as automobile repairing, drafting, engineering, electrical wiring, blacksmithing, telegraphy, plastering, printing and typesetting on the "Come Back" press, all branches of carpentry, sign painting, etc., besides farming, horticulture and greenhouse work, poultry keeping, and the arts, such as rug weaving, bookbinding, leather tooling, wood carving, silversmithing, engraving, enameling, clay modeling, painting, and, in addition, academic and commercial courses of study. —*The Red Cross Bulletin.*

### NEW AND NONOFFICIAL REMEDIES.

**CHLORCOSANE (McNEIL).**—A brand of chlorcosane containing from 35 to 40 per cent of chlorine in stable (nonactive) combination. (For a discussion of the properties and uses of chlorcosane see New and Nonofficial Remedies, 1919, p. 137.) Robert McNeil, Philadelphia, Pa.

**DICHLORAMINE-T (McNEIL).**—A brand of dichloramine-T complying with the N. N. R. standards. (For a discussion of the

actions, uses and dosage of dichloramine-T, see New and Nonofficial Remedies, 1919, p. 138.) Robert McNeil, Philadelphia, Pa.

**PITUITARY SOLUTION-ABBOTT.**—Liquor Hypophysis U. S. P. A sterilized solution of the water soluble extract of the posterior portion of the pituitary glands of cattle. It is standardized by the method of Roth. (For a discussion of the actions and uses of pituitary preparations, see New and Nonofficial Remedies, 1919, p. 204.) The Abbott Laboratories, Chicago.

**AMPULES PITUITARY SOLUTION-ABBOTT,** 0.5 c.c.—Each ampule contains 0.5 c.c. Pituitary Solution-Abbott. The Abbott Laboratories, Chicago.

**AMPULES PITUITARY SOLUTION-ABBOTT,** 1c.c.—Each ampule contains 1c.c. Pituitary Solution-Abbott. The Abbott Laboratories, Chicago.

**PITUITARY EXTRACT-LEDERLE.**—A sterile solution containing the active principles of the posterior lobe of the pituitary body. It is standardized by the method of Roth and has the strength of Liquor Hypophysis, U. S. P. (For a discussion of the actions and uses of pituitary preparations, see New and Nonofficial Remedies, 1919, p. 204.) Lederle Antitoxin Laboratories, New York.

**AMPULES PITUITARY EXTRACT-LEDERLE,** 0.5 c.c.—Each ampule contains 0.5 c.c. Pituitary Extract-Lederle. Lederle Antitoxin Laboratories, New York.

**AMPULES PITUITARY EXTRACT-LEDERLE,** 1 c.c.—Each ampule contains 1 c.c. Pituitary Extract-Lederle. Lederle Antitoxin Laboratories, New York.

**ANTIDYSENTERIC SERUM- (POLYVALENT) LEDERLE.**—(For a description of Antidysenteric Serum, see New and Nonofficial Remedies, 1919, p. 269, and for Antidysenteric Serum-Lederle, see *The Journal A. M. A.*, April 14, 1919, p. 1136.) It is also marketed in syringes containing 50 c.c. each, with sterile needle. Lederle Antitoxin Laboratories, New York.

**STREPTOCOCCUS VACCINE- (POLYVALENT) LEDERLE.**—(For a description of Strep-

tococcus Vaccine, see New and Nonofficial Remedies, 1919, p. 291, and for other Lederle preparations see *The Journal A. M. A.*, April 19, 1919, p. 1136.) It is also marketed in 10 c.c. and 20 c.c. vials; in packages of four 1 c.c. vials containing, respectively, 50, 100, 200 and 400 million killed streptococci; and in packages of four syringes containing, respectively, 50, 100, 200 and 400 million killed streptococci. Lederle Antitoxin Laboratories, New York. (*Jour. A. M. A.*, July 5, 1919, p. 35.)

TUBERCULIN "B. F." (LEDERLE). — In

addition to the forms previously described, Tuberculin "B. F." (see New and Nonofficial Remedies, 1919, p. 280, and N. N. R. supplement, p. 10) is also marketed in packages containing a stated amount of tuberculin with sufficient diluent to make 1 c.c. as follows: Dilution A containing 0.1 c.c., Dilution B containing 0.01 c.c., Dilution C containing 0.001 c.c., Dilution D containing 0.0001 c.c., Dilution E containing 0.00001 c.c., Dilution F containing 0.000001 c.c. Lederle Antitoxin Laboratories, New York. (*Jour. A. M. A.*, July 12, 1919, p. 105.)

## UNIVERSITY OF GEORGIA MEDICAL DEPARTMENT AUGUSTA, GEORGIA

**ENTRANCE REQUIREMENTS.** The successful completion of at least two years of work including English, Physics, Chemistry, and Biology in an approved college. This in addition to four years of high school.

**INSTRUCTION.** The course of instruction occupies four years, beginning the second week in September and ending the first week in June. The first two years are devoted to the fundamental sciences, and the third and fourth to practical clinic instruction in medicine and surgery. All the organized medical and surgical charities of the city of Augusta and Richmond County, including the hospitals, are under the entire control of the Board of Trustees of the University. This arrangement affords a large number and variety of patients which are used in the clinical teaching. Especial emphasis is laid upon practical work both in the laboratory and clinical departments.

**TUITION.** The charge for tuition is \$150.00 a year except for residents of the State of Georgia, to whom tuition is free.

*For further information and catalogue, address*

**THE MEDICAL DEPARTMENT, UNIVERSITY OF GEORGIA  
AUGUSTA, GEORGIA**

## NEW ORLEANS POLYCLINIC

Graduate School of Medicine, Tulane University of Louisiana

THIRTY-THIRD ANNUAL SESSION OPENS SEPTEMBER 22, 1919, AND CLOSES JUNE 5, 1920

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery, including laboratory, cadaveric work and the specialties. For further information, address:

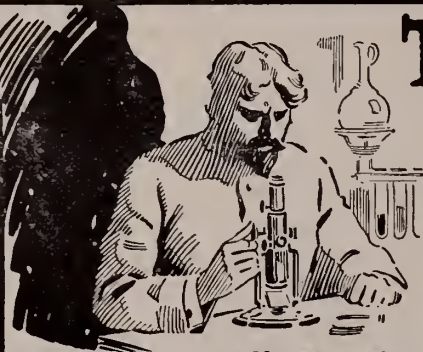
**CHARLES CHASSAIGNAC, M. D., Dean**

Post Office Drawer 770

Tulane also offers highest class education leading to degrees in Medicine, Pharmacy, Dentistry, Hygiene and Tropical Medicine

**NEW ORLEANS**





# The Best By Every Test

## Calumet Baking Powder Excels

**CHEMICALLY**, it is correct. Enough of the acid phosphate in the powder has been replaced with Sodium Alum (which is not to be confounded with drug-store alum) to insure its keeping qualities and give it proper speed of action in the mix.

**PHYSICALLY**, it is pure. None but the highest quality of ingredients, carefully tested beforehand, are used in its manufacture, which is carried on in the largest and most sanitary baking-powder plant in the world. The powder is not touched by human hands at any point in the process.

**PHYSIOLOGICALLY**, it is wholesome. There are no tartrate residues.

**DOMESTICALLY**, it is efficient and dependable. It keeps well. It gives off its gas neither too quickly or too slowly, but penetrates the entire mix. It produces a dainty and healthful baking.

For all these reasons, CALUMET is the favorite baking powder in millions of American homes, and is widely used in hotels and public institutions. It commands the recommendation of thoughtful physicians.

Special terms for  
hospitals, sanitariums, etc.



PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, September, 1919

Number 3

## ORIGINAL ARTICLES

### STRICTURE OF THE URETER, WITH REPORT OF TWO INTEREST- ING CASES.\*

J. KNOX SIMPSON, M. D.,  
Jacksonville, Fla.

Chronic stricture of the ureter is a disease of far greater frequency than is commonly supposed, and each year sees many sacrifices of innocent appendices, tubes and ovaries as a result of our too hastily attributing pains in the lower quadrant of the abdomen to disease of these organs.

Dr. Guy L. Hunter, of Baltimore, Md., in a series of papers in recent years has done much to bring this subject to the attention of the medical profession, but it needs still more emphasizing in order that it may receive due consideration as a member of our list of probable causes for a number of unrelieved appendectomized patients. This failure to consider chronic ureteritis with stricture as a rather frequent disease, along with the wide variety of symptoms which frequently give voice to its presence, is undoubtedly responsible for the small number of correct diagnoses of the condition.

The pathology of stricture of the ureter from chronic ureteritis is the same as that of stricture of any other hollow tube. There is a localized infection, round cell infiltration, perhaps ulceration, fibrous tissue hyperplasia, scar formation and contraction of the scar. The chronic inflammatory strictures probably usually follow localized infection, hematogenous in origin, being metastatic from some focal infection elsewhere in the body—tonsils, teeth, sinuses, etc. It is probably at

times the result of contiguous infection in the cervix and broad ligament of the female, the seminal vesicles of the male, and the appendix of both sexes.

Rosenau's remarkable work on the selective activity of various strains of the streptococcus in explanation of metastatic infections of the various serous membranes, the duodenum, etc., opens up a wonderfully fruitful path of research for the future in the explanation of obscure etiology for centralized local infections, and will possibly explain a good many of the cases of ureteritis with stricture.

The symptoms of stricture of the ureter vary very materially according to the stage of the disease and the secondary complications, inasmuch as a great many cases of ureteral and renal calculus, hydronephrosis, pyonephrosis, etc., have their inception in stricture of the ureter.

A summary only of the symptoms due to this condition can be given in a paper of this length. They are:

1. Those referable to the urinary tract.

(a) Pain in the region of the bladder, the affected ureter and the kidney, which may vary from an occasional dull ache to the most violent type of colicky pain.

(b) Frequency and urgency of urination. I have known patients to become almost physical wrecks on account of loss of sleep from a constant overpowering desire to urinate.

(c) The urine may show blood, pus-cells or bacteria or may be entirely normal. Normal urine does not necessarily rule out the affection.

2. Reflex or referred symptoms. These cover almost every point in the anatomy but the most frequent are:

\*Read by title before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

(a) Pains in the hip of the affected side, in the region of the sacroiliac joint, down the back of the thigh and in the calf.

(b) Gastrointestinal reflex phenomena such as gaseous eructations, nausea, gaseous distention of the intestines, heartburn, etc.

*Diagnosis:* The diagnosis is made by careful history-taking and physical examination plus cystoscopy alone or in conjunction with the X-ray.

(a) A careful history will frequently direct one's attention to the ureter as the offending organ. A careful physical examination will usually be of more negative than positive value in ruling out the conditions with which it might be confused, because aside from abdominal, vaginal or rectal tenderness over the area of ureteral infection, there are practically no positive physical signs of the lesion.

(b) Cystoscopy with catheterization of the ureters is the surest way to arrive at a positive and accurate diagnosis. Just as it is necessary to use an olive-tipped bougie in definitely locating and determining the diameter and length of strictures of the urethra, so is it necessary to use a similar instrument in locating and determining the character of strictures of the ureter. This is supplied to us in the ureteral catheter with a spindle-shaped wax bulb near the tip, which may be moulded to any desired size.

The X-ray is a very valuable adjunct in determining the presence or absence of stones behind the stricture, and in certain cases in determining the size and shape of the dilated kidney pelvis by the use of a pyelogram, but it is not essential in making a diagnosis of stricture.

The treatment in abstract is as follows: For the early cases dilatation of the stricture through the cystoscope, and, if there is a secondary pyelitis, lavage of the kidney pelvis. Late cases, treatment of the complications — calculi, pyonephrosis, destructive hydronephrosis, etc.—by surgical means.

The following two cases are delineated as examples of late complications of stricture

with definite clear-cut histories of onset (when taken with stricture in mind). Both cases came under my observation while I was chief of the surgical service at the Naval Base Hospital in Charleston:

CASE 1.—Corporal A., U. S. Marine Corps. Entered hospital December, 1917, complaining of pain in the right upper quadrant of the abdomen, of a constant and rather severe type. Temperature 101, pulse 100 on admission.

Physical examination showed a patient evidently in a good deal of pain, right leg flexed on the abdomen, marked rigidity of the right rectus muscle, tenderness over the region of the gallbladder and extending around the loin to the costovertebral angle. No mass could be felt on palpation. The skin and conjunctivæ were markedly jaundiced. The remainder of the physical examination was negative.

Blood examination showed a white cell count of 13,000 with 80 per cent of polymorphonuclears.

Urine examination: Very turbid; bile stained; slightly acid; specific gravity 1025; albumin, marked trace; sugar negative.

Microscopic: Showed the specimen loaded with pus-cells; no casts, no red-blood cells.

As is the custom in the Navy, this patient brought his health record with him, which showed that he had been transferred to us with a diagnosis of gallstones, which indeed at first glance appeared to be a correct diagnosis. He had been on the sick list four times during the past two years with the same diagnosis each time. The urine being loaded with pus, however, and the extreme tenderness in the costovertebral angle in addition to that in the gallbladder region, led us to go more closely into the case. The early history as told by the patient was as follows: He had had an acute attack of tonsilitis early in 1916, which kept him in bed for a week. Two weeks later he began having pain in the right side of the abdomen, radiating to the kidney region and into the bladder, with frequency of urination and the passage of blood-tinged



urine. This lasted for a month and disappeared. Three months later he began having recurrent attacks of dull aching pain in the right kidney region, which became gradually more severe until the first time he was placed on the sick list early in 1917. At this time he had an acute attack of pain in the same region and also in the right upper abdomen with chills, fever, jaundice and extreme tenderness over the right abdomen. It was at this time that the first diagnosis of gallstones was made. He had had three subsequent similar attacks, each lasting one to two weeks and each time the diagnosis of gallstones was made.

He was placed upon palliative treatment, including icebags, forced liquids and rest in bed, and in one week the attack had subsided. At this time a combined cystoscopic and X-ray examination was made with the following findings: Bladder, both meati, left ureter and left kidney normal. Right ureter showed a stricture 8 cm. above the bladder with infected urine from the kidney above. Functional test showed 5 per cent phenolsulphonephthalein in one hour from the diseased kidney. A pyelogram with thorium nitrate showed the pelvis of the kidney very markedly dilated and the calices blunted, so that there was a mere shell of kidney tissue remaining. For several days following the examination the patient showed a return of his jaundice, which gave us the clue to the cause of the jaundice during the attacks; the explanation being that the dilated kidney pelvis displaced the second portion of the duodenum forward and inward, causing an interference with the flow of bile through the common duct.

A nephrectomy was done a week later and this explanation was strengthened by the finding of adhesions between the thickened inflammatory pelvis and the duodenum. The patient made an uneventful recovery from the operation and a year later had gained twenty-five pounds in weight and had had no further trouble.

The sequence of events in this case was most likely as follows: Tonsillitis, metastatic ureteritis, scar formation and stricture in the ureter, dilatation of kidney pelvis, infection of stagnant urine with the conversion of a hydronephrosis into a pyonephrosis.

CASE 2. Chief Petty Officer S. Arrived at the Naval Hospital in August, 1918, from Guantanamo, Cuba, having been transferred North for his health's sake. He was entered with the diagnosis of pancreatic cyst, under which diagnosis he had been carried on the sick list in Cuba since August, 1917. He entered with a discharging sinus in the upper right abdomen as his only complaint, otherwise in good health.

His health record showed that he had been operated upon in the summer of 1917, the diagnosis at the time being pancreatic cyst. Operative notes as recorded in the health record showed that an upper right rectus incision had exposed a large cystic mass filling the upper right quadrant of the abdomen, which was filled with straw-colored fluid. The diagnosis of pancreatic cyst was confirmed, the cyst wall sewed to the parietal peritoneum, the cyst opened, drained and the cavity packed with gauze. Since that time the sinus which followed the operation had been cauterized several times, but showed no disposition to close and continued to saturate several dressings a day until he was finally transferred to us.

The junior medical officer in making the routine examination of the case detected a urinous odor to the discharge and so informed me when he was brought to me during the surgical consultation hour. Physical examination revealed a healthy man of thirty years of age with a smooth round sinus, 1 cm. in diameter, in the upper right quadrant of the abdomen, discharging a large amount of straw-colored fluid with a distinctly urinous odor; examination was otherwise negative. Phenolsulphonephthalein,  $\frac{1}{2}$  cc., given intravenously, was detected in the secretion from the sinus in twenty-five minutes, con-

firming our suspicion that the sinus led to the kidney. Cystoscopic examination: This showed normal bladder, left meatus, ureter and kidney. The right meatus showed no spurts of urine, though an occasional ineffectual peristaltic movement was seen. I was unable to get a ureteral catheter past a stricture in the lower inch of the ureter at this time. Subsequently, however, I succeeded in passing it, and the catheter appeared through the abdominal sinus. It was partly withdrawn, the sinus plugged, thorium nitrate injected through the catheter and an X-ray plate taken. This showed a clear-cut outline of the kidney pelvis slightly enlarged and attached to the anterior abdominal wall. Thus the "pancreatic cyst" was in reality a large hydronephrotic sac and the kidney pelvis, instead of a cyst wall, had been sewed to the anterior abdominal wall.

Careful inquiry into the past history of this case showed it to be almost identical with the other case. Tonsilitis followed by symptoms of right ureteritis and later stricture and the development of a hydronephrotic kidney.

An attempt was made to reestablish drainage down through the ureter by a catheter inserted through the cystoscope to the fistula, heavy linen thread pulled back through the ureter and to it tied a small rubber catheter. I wished to save what was evidently a kidney with good function, if possible. This scheme met with failure, however, and I was forced to advise either the wearing of a urinal fitted to the fistula or a nephrectomy. The patient decided to try a urinal, for a few months anyway, and was wearing it when I left the service.

These cases of chronic stricture respond kindly to treatment through the cystoscope, if diagnosed before the onset of destructive lesions of the kidney, and the treatment is frequently the means of saving them useless and even dangerous operations. I have five cases of early stricture of the ureter under treatment at the present time, all responding nicely to dilatation and pelvic lavage.

## ANOREXIA NERVOSA COMPLICATED BY VOMITING AND PAIN; A NEW POINT IN DIAGNOSIS AND A NEW METHOD OF TREATMENT.\*

MARVIN H. SMITH, M. D.,  
Jacksonville, Fla.

While it is the purpose of this paper to enter directly into a consideration of the diagnosis and treatment of this perplexing condition, it will hardly be out of order to spend a few moments on the general definition.

The term anorexia implies a state where the sensation of hunger is completely absent, combined with a total loss of appetite. It is often associated with both functional and organic stomach conditions. Anorexia nervosa may be seen as a primary affection arising from hyperesthesia of the gastric mucus membrane or by depression of the hunger center.

### *Symptomatology of Anorexia Nervosa.*

The patient complains of loss of appetite and eats less day by day. He eventually rejects all solid food and no matter how toothsome or beautiful or how daintily his tray may be prepared or how urgently he may be persuaded to partake of it, he rejects all but a small amount of liquids which he imbibes most reluctantly. He obstinately refuses to eat until he becomes emaciated and pale. He lies limp and weak in a semi-comatose state. His extremities are clammy and temperature subnormal.

The ætiological factors which usually precede this state are extreme mental depression, such as worry, anxiety, disappointment, the death of a member of the family, fright, etc.

The diagnosis can usually be made with fair accuracy after a carefully taken history, physical examination and analysis of blood, stomach contents, urine, etc.

When the physician is called upon to treat one of these cases presenting the picture out-

\*Read before the Duval County Medical Society, May, 1919.

lined above, he stands face to face with a task that would tax the skill and ingenuity and the patience of any man that practices the healing art.

The treatment of such complications as vomiting and epigastric pain coupled with a steadily lessening desire for food, to which I invite your attention, presents a most stupendous undertaking.

The new point in diagnosis to which I have referred is, that the microscopic study of the mucus taken from the stomach of these patients usually shows many incorporated epithelial cells if the condition is purely a nervous affection, whereas there absence suggests an organic state.

My records up to the present time do not cover a sufficiently large number of individual cases to render this point a classical sign in the diagnosis, although my findings in a considerable number of instances have been rather constant and helpful in separating neurotic cases from those of organic origin.

The accustomed method of treatment of the aggravated cases consists briefly of rest in bed; administration of the bitter tonics; intragastric farradism; rest cure in sanitarium, and forced feeding by introducing a short tube one-half the length of the gullet; rectal feeding; mustard plaster on the epigastrium for counterirritation, etc.

My plan is to select a well-ventilated, quiet room up stairs, if possible, leading out upon an open porch. Remove all unnecessary wall decorations, drapery, bottles, flowers, etc. Give the stomach twenty-four hours' rest from all kinds of food and medication, directing the nurse to administer one tablespoonful of very hot distilled water to the patient every hour during the day or until pain and nausea seem to be diminished. Require all food kept out of sight and caution the nurse not to even use the words "pain," "food," "medicine," "nausea" or "vomiting" at any time in the presence of the patient.

These details may appear irrelative and unnecessary, but when we recall that people frequently die of this ailment, nothing is too

much trouble if it insures success. We must not forget that the gastrointestinal tract is the most delicately balanced system of the entire living economy and is the only system that can be materially disturbed by sensations received through the optic, olfactory or auditory nerves.

To safeguard against toxic symptoms and to insure the patient of a fair night's rest and sleep, I give first a colonic irrigation of warm distilled water and then administer thirty to forty grains of sodium bromide in sixteen ounces of distilled water or else introduce a rectal suppository containing fifteen or twenty drops of deodorized tincture of opium, using precaution not to have a habit formed.

Early the following morning I have the patient quietly swallow the weighted end of a modified duodenal tube, requiring him to spend sometime on the right side after the tube has reached the pylorus. In about thirty or forty minutes the tube will be one or two feet in the jejunum. My modification of the original duodenal tube is its great increase in length, the end of which tube has long, fenestrated openings in it to prevent choking as the food escapes.

The fact that the end of this tube is two or three feet below the stomach, I have found to be of great value in preventing the tube from being forced back into the stomach and also the food from regurgitating should reversed peristalsis occur. Another great advantage in depositing this nourishment considerably down in the small bowel is that the stomach is given prolonged and continued rest, the presence of the tube usually not giving any sensation whatever.

If the patient tolerates the tube well, I leave it in situ all day; on the other hand, if it annoys the patient I remove it for about four hours around the middle of the day. The nurse can operate the feedings from behind a screen or even take the tube out of the window and connect it there.

The extent to which I carry out artificial digestion before introducing the various



foods depends entirely upon the analysis which I have previously been able to make upon the gastric contents. If all enzymes are absent, as they usually are in neurotic cases, I subject the liquid nourishment, such as purees, animal broth, toasted or untoasted cereal gruels, to thirty minutes' digestion on a hot-water bath, or other device, at about 37 degrees centigrade, using diluted hydrochloric acid, malt extract and pepsin.

If these feedings are given about every two or three hours regularly, the patient soon regains sufficient strength to have this process discontinued and begin gastric feeding by mouth, at which time normal hunger and appetite return.

### THE USE AND ABUSE OF BIOLOGICS.\*

By B. L. ARMS, M. D.,

*Director Division of Diagnostic Laboratories.*

The State Board of Health has for some time furnished several biologic products for the use of the citizens, but even now there are many who do not understand just what is furnished. I must also confess that occasionally we find some who do not seem to understand that there are times when the use is not indicated; hence it was thought that a discussion might be of value, and I trust there will be a full and free discussion of the subject.

Antirabic treatments are ordered by wire on request to the executive office at Jacksonville, the treatments going direct from the biologic house to the physician who is to give the inoculations. When the patient is able to pay for this there is a charge of \$20.00, but when both the patient and physician certify that the patient, or the one on whom the patient is dependent, is unable to pay, the treatment is furnished by the State Board of Health.

In regard to those cases that require treatment I regret to say that sometimes advice to

take treatment is apparently given when such is not indicated.

This is borne out by the following correspondence that followed a negative report of the examination of a dog's head.

"STATE BOARD OF HEALTH.

"JACKSONVILLE, FLA.

"DEAR SIRs — Please send to me by mail the treatment for rabies. The child is eight years old."

Our reply follows:

"DEAR DOCTOR—Your letter of the 12th to the State Board of Health has been given to me for reply.

"As the report of the examination was negative, we would ask a little more in detail in regard to the case before ordering treatment. In fact, not even a notice of the shipment of the dog ever reached us, and unless there is some reason for the treatment we would not advise it.

"Every dog should be accompanied with a statement as to symptoms of the dog, duration of symptoms, if the dog has bitten any one, and the location and severity of the bite. Kindly let us know all that you possibly can in regard to the dog.

"\* \* \* We do not order treatment in a case of this kind until we have more definite history."

The following reply was received:

"The dog in question just broke the skin on the boy and the dog showed no signs of rabies."

In this instance, of course, there was no need for treatment, but it would have been given but for the request for information.

You can help many times by insisting that when possible an animal that has bitten an individual be confined and watched, for the best negative diagnosis is obtained in that way, and on the other hand if the animal is a rabid one, he will die within a few days and the microscopic diagnosis is then obtainable and, except in the case of severe face bites, there is no danger in the delay, while on the other hand this class of bites with any history

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

of rabies should be treated at once no matter what the microscopic finding is.

Some months ago there was brought to the central laboratory the head of a dog that had been dead for several days, nor had it been iced. This dog had bitten a boy quite severely and the man who brought the head stated that he had been told by his physician that a diagnosis could be made even if the dog had been dead for two weeks. As soon as the head was brought into the laboratory the sense of smell was sufficient to tell us that no microscopic examination could be made, and this was confirmed when the skull cap was removed as there was only a small amount of pasty material in the cranial cavity.

In cases when no examination can be made complete reliance must be placed on the clinical history of the dog, and if it is, suggestive treatment should be advised where the bite has broken the skin.

The following biologics are free to all:

Diphtheria antitoxin, stocked not only at the laboratories but also at drug stores centrally located throughout the state. The main distributing point is the laboratory at Jacksonville and it will help you and us, too, if each of you will see that your antitoxin station has a fresh supply on hand. This is put out in 5,000 and 10,000 unit packages only and the State Board advises that cultures be taken from all contacts and on appearance of symptoms in one of these contacts that a therapeutic dose be given, but strongly advises against the use of immunizing doses of diphtheria antitoxin. There are two good reasons for this: (1) the Schick test has shown that a very large percentage of individuals are immune to diphtheria; (2) an immunizing dose of antitoxin often makes an individual capable of carrying the infection to others, he himself being immune but harboring the organism.

Tetanus antitoxin, stocked only at the laboratories. This is in two sizes — 1,500 units for prophylactic use and 5,000 units for therapeutic use.

Antimeningococcus serum; this can be obtained from the laboratory at Jacksonville and any request by wire or letter is filled at once. The serum is in 30 c.c. cylinders ready for administration.

Vaccine virus, stocked at the laboratories, although large quantities should be obtained from Jacksonville which is the distributing point for all the biological products.

Antityphoid treatments, obtainable at all the laboratories and in small amounts at the antitoxin stations. On account of the varying demand it is not feasible to keep full stocks at the antitoxin stations, but any request to the laboratory at Jacksonville will receive prompt attention.

The greater the number of prophylactic inoculations against typhoid you give in your community, the greater the amount of good you have done to that community, for the presence of typhoid is surely not an inducement for strangers to come and spend weeks or months in any locality. Freedom from typhoid is probably one of the greatest assets any city or town can offer as an attraction for prospective newcomers, whether they are to spend a short time or to become permanent residents. With a typhoid death rate much higher in this state than in the United States Registration area, we must do everything possible to lower it, and this can be done if all of us will pull together and immunize the greatest possible number of the people in the state.

---

#### A CORRECTION.

Through an error the names of the following charter members of The Florida Railway Surgeons' Association and The Florida East Coast Railway Surgeons' Association were not included in the list of charter members of these Associations published in the June issue of THE JOURNAL:

Doctor W. H. Adams, Jacksonville.

Doctor W. S. Grambling, Miami.

Doctor J. A. Stanford, Fort Lauderdale.

ROENTGEN DIAGNOSIS IN ITS  
BROADER APPLICATION.\*

L. W. CUNNINGHAM, M. D.,  
Jacksonville, Fla.

Roentgen diagnosis in its broader application is of interest to the medical profession, not only in its relation to the patient, but in the greater accuracy of diagnosis. I shall discuss somewhat briefly a few prominent features of the work that have been impressed forcibly upon me in the last few years.

The range or scope of the examination to be made by the roentgenologist should not be limited. He is intimately concerned with accurate diagnosis, and is constantly meeting with the remote cause of disease, and also the concurrent cause of disease. One must not only consider the most prominent cause of the patient's distress but also the remote causes. For instance in the abdomen, pain or distress may arise from another point in the abdomen other than at the seat of location of the distress. At times epigastric distress may be due to tuberculosis of the lung with absolutely no lesion in the gastrointestinal tract. In the field of abdominal distress one has to consider tuberculosis of the lung, chronic infection of the roots of the teeth, gall-bladder disease, lesions in the stomach and duodenum, the appendix, urinary calculus rarely, colitis, diverticulitis of the colon and still many other lesions.

In the examination of disease of bones and joints the roentgenologist is as much or more interested in finding the primary focus of infection, whether it be the teeth, sinuses, chest or gastrointestinal tract.

Many patients coming to me are in a sense making their last attempt to secure health. Their history may indicate an examination of the teeth, sinuses, chest, gall bladder and urinary tract and intestinal tract; and unless all these fields be covered we may miss the cause or presence of concurrent causes of their illness.

In injuries to the wrist one has a most fertile field for a Roentgen examination. Many sprains are fractures of the radius or carpal bones with little or no displacement. Several conditions I recall that are usually mistaken one for the other. The first is a fracture of one of the carpal bones which is most always considered a fracture of the head of the radius at the wrist. The carpal bones are so complexly articulated with one another that it will require a set of stereoscopic plates for a diagnosis. With a set of stereoscopic plates one gets a prospective and information as to position and possibility of damage that can be secured in no other way. Most all of the fractures of the scaphoid and dislocations of the semilunar in wrist injuries that I have seen were either unrecognized or mistaken for fractures of the radius. A fracture of the pelvis is most always considered a fracture of the femur at or near the joint, as the patient's chief disability is produced on movement of thigh.

Among lesions with remote causes, I saw recently an elderly woman with sciatica of a year's duration due to a ureteral stricture close to the bladder, and a ureteral calculus a few inches higher up. Another interesting and common injury seen recently which had been overlooked, but partly the patient's fault, was the following: A man was kicked by a Ford, and had the usual disability with a swollen wrist, which was put up in a splint, and called a sprain. At the end of six weeks he came to me with inability to move his wrist properly and some bulging seen on the palmar aspect of the wrist. An examination showed a complete dislocation of the semilunar bone to the palmar side of the wrist. Swelling primarily undoubtedly obscured the displaced bone. This patient, as many others that I have seen, impresses me with the fact that a Roentgen examination should be made of all wrist injuries, at least after the dressing has been applied.

In the field of chest diagnosis a pneumonia can be followed or a pleural effusion, and valuable diagnostic information can be

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.



secured. Of course, this means that the patient must be confined in a hospital or the examiner have an adequate type of portable apparatus as can be secured today.

I have not attempted to discuss at length or minutely the value of the Roentgen examination, but rather have aimed to offer for your consideration some of its values, and to suggest a broader application of its use.

#### ATYPICAL SYPHILODERMS.\*

J. L. KIRBY-SMITH, M. D.,  
Jacksonville, Fla.

On selecting a title for a paper on cutaneous syphilis, atypical is the most expressive word at hand, literally meaning unusual, and truly syphilis is an unusual subject. The disease continually brings forth new features both in the field of diagnosis and treatment. At the present day, the subject of syphilis is evolving itself into a separate branch of medicine. It is being divorced from the genito-urinary and dermatological specialties. Some of our universities have established chairs in their colleges in which the subject of teaching syphilis is a separate department. The past few decades, research workers by their untiring efforts have brought the subject of syphilis from a thing of darkness and doubt to a subject as well defined in etiology, diagnosis and treatment as exists in the important diseases, such as typhoid fever and malaria.

All of you present will agree that an understanding and familiarity with the cutaneous symptoms of syphilis is a prime essential to a prompt recognition of the disease. No less an authority of medicine than Dr. Wm. Osler has stated "that an understanding of syphilis is necessary to diagnose diseases." The classical symptoms of syphilis require no special remarks, I mean the well-developed secondaries, eruptive and concomitant symptoms all present. Unfortunately for the patient and the diag-

nostician, the onset or course of the disease is not always uniform. Without a doubt, syphilitic manifestations are more protean than any disease we have to deal with. The features of most of the common and some rare dermatoses are at times imitated. In a paper of this scope the writer will not infer any originality in the points of attention, but will remind you of some of the atypical or unusual types of cutaneous syphilis, and trust your interest in the subject will be stimulated. A knowledge of the common skin lesions is essential to diagnose a syphiloderm in the absence of concomitant symptoms, especially is this true of the rare, unusual types that often appear. At this point it may be well to mention the vagaries of the Wassermann. How often we are misled by a too literal interpretation of the serological fraction.

Always bear in mind, the Wassermann is invaluable, but you must not depend entirely on this for confirming your tentative diagnosis. Before closing this paper a few points will be emphasized in the using of the Wassermann finding. The primary or chancre stage of syphilis presents few points that are atypical, especially is this true of the genital lesion. The normal, non-irritated, non-infected erosion is seldom seen and is always promptly recognized by its hard, button-like infiltration. The other type, the usual chancre, is often misleading. To diagnose this initial lesion promptly, one must resort to the microscope. Your attention is called to two very important considerations that have recently been demonstrated in the connection of initial lesions of syphilis—I could say genital sores. First, a recent report of a series of 200 consecutive cases occurring in one of our military cantonment dispensaries. By thorough microscopical examinations, 85 per cent of these genital lesions were found syphilitic. This shows the great preponderance of luetic over chancroidal lesions. Bear this in mind, gentlemen, that the genital sore is usually syphilitic, even though atypical in appearance. The second point—the absolute

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20-22, 1919.

necessity of early and prompt intensive arsphenamine treatment in a venereal sore. When in doubt, don't wait for secondaries; begin your measures at once. This is your one opportunity of completely checking the infection. To wait is to develop a disease that years of treatment are necessary to eradicate.

Extragenital chancres occur with frequency not generally appreciated by the profession. Especially is this true of the tonsillar and lip variety. To these infections you can attribute the origin of your syphilitics and who are without the history of an initial lesion or venereal exposure. Various percentages by well-known syphilologists place extragenital chancres as occurring in 8 to 15 per cent of cases—hence the importance of this phase of the subject. Always be on your guard in considering an ulcer or sore on the lip or tonsil. They are rarely typical of the picture you may have in your mind of a chancre.

The secondary or eruptive stage of syphilis is filled with usual and irregular phenomena. The classical roseola or macular eruption is rarely appreciated by the patient and is often overlooked or confused with the roseola of the exanthemata or toxic eruptions. Especially is this true with the patient having a small hardly noticed lesion on the penis two or three months previous. Sometime ago the writer had the opportunity of seeing a syphilitic who had been in a local hospital with a tentative diagnosis of typhoid fever. Some catarrhal symptoms, very slight roseola, no definite history of a chancre, Wassermann test reported anticomplementary, Widal negative, temperature curve not unlike typhoid. This patient consulted me for the loss of hair some weeks after leaving the hospital. Instead of the usual febrile alopecia the characteristic moth-eaten alopecia was present; further examination showed mucus patches in throat, tongue and buccal cavity, and a 4-plus Wassermann verified the clinical diagnosis of lues.

After the initial rash of syphilis, the charac-

teristics of the eruption may vary from the simple macular to a general papulo-pustular eruption. In most cases you can by careful search uncover positive clinical symptoms to clear up the doubtfulness of your diagnosis. The papulo-pustular syphiloderm is often-times confused with variola, especially in the face of an epidemic of the latter. The small papular or follicular syphiloderm of slight distribution is sometimes mistaken for acne, particularly so the so-called iodide acne (dermatitis medicamentosa). Another atypical feature of this and other types is the symptom of itchiness which at times is as intense as an eczema. In the negro it is more marked, doubtless due to lack of cleanliness. Same could apply to any race. The late secondary syphiloderms show more atypical forms than any phase of syphilis. It is here that you may have a few lesions scattered or just one isolated group and no concomitant symptoms of the disease apparent. True, you may discover real evidence by careful examination of the skin and mucus membrane for characteristic scars of former lesions which are frequently to be found. The face, especially the nose, is the site for the late secondary lesions, either of the papular or the papulo-tubercular syphiloderm or the ulcerative papulo-tubercular lesion.

The occurrence of renalotic and scaly patches in the palms of the hands or soles of the feet in the majority of instances are late secondary syphilitic lesions. These hard and scaly patches are suggestive of a squamous eczema or psoriasis. Often you can not find any accompanying evidence of syphilis. The Wassermann will clear up the situation and salvarsan quickly relieve the patient of a very chronic and stubborn skin affection. The palmar syphiloderms are not an uncommon clinical type. The writer is of the opinion that women develop this type oftener than men. The distinguishing features of the palmar syphiloderms is the tendency to a papulo-serpiginous, outline of the border of the patches a dark-brown stain, appearance along this part thick and scaly, some scars of

ulceration. True, the palmar syphiloderms have several types. In the present instance the writer was referring to the squamous syphiloderm late in appearing.

The circinate or serpiginous or papulo-squamous syphiloderm has an unusual predilection for the face of the negro. Of this type the writer has seen a number of cases in negroes, one or more groups appearing on the face. At first sight a ring-worm infection is called to mind; these isolated lesions existing for months and years without discomfort and no other active symptom of syphilis apparent. Generally though the circinate or serpiginous arrangement of the papular eruption is not confined to the face but distributed to most parts of the body. This type of cutaneous syphilis is often confused with the circinate arrangement of periotic lesions, Pityriasis rosea, macular leprosy, trichophytosis or seborrheic eczema, but by careful examination and process of elimination the symptoms of each of these conditions can be excluded, and further resorting to the Wassermann to substantiate the diagnosis. At this point of closing, a few words in regard to the Wassermann. Please understand me. These statements are the result of my own experience of eleven years with the serological test, and due apologies to the laboratory workers.

First: The Wassermann test in a well-developed syphilis will be of no value as to indication of prolonging or continuing treatment. In other words, the serological test is for purposes of diagnosis and not any index as to the thoroughness of treatment. It is the writer's opinion that the syphilitic antibody is not destroyable and as such is comparable to that of the immunity bodies that develop in variola. For instance, vigorous and intensive treatment of an acute syphilitic with arsphenamine and mercury temporarily produces a negative Wassermann. After an interval the serum will report positive. The neurologist will tell you this is due to reinfection from the spinal fluid, but they only suggest more intensive treatment. Anyway

a later test will still show a positive Wassermann. As a rule I do not consider it possible to even get a permanent negative Wassermann, no matter how long or intense the treatment. My indication for suspending treatment are the stage of disease in which treatment was begun, the amount of treatment, and the physical condition of the patient.

The second point in regard to the Wassermann: Do not take the negative report as a final consideration in a doubtful case. Submit another specimen. The laboratory man can explain to some extent why a blood one day is negative and the following week 4-plus positive. Anyway it's the positive report that counts, and as a diagnostic help the Wassermann test is invaluable.

---

#### PROPAGANDA FOR REFORM.

ARSENOVEN S. S. AND SOLUTION OF ARSENIC AND MERCURY NOT ACCEPTED. — The Council on Pharmacy and Chemistry reports that Arsenoven S. S., sold by the S. S. Products Co., Philadelphia, and Solution of Arsenic and Mercury (formerly called Arseno-Meth-Hyd) of the New York Intravenous Laboratory, New York, are inadmissible to New and Nonofficial Remedies because unwarranted therapeutic claims are made for them and because the names are not descriptive of the composition of these preparations. Arsenoven S. S. is claimed to contain dimethylarsenin 15.4 grains, mercury biniodid 1-10 grain, sodium iodid  $\frac{1}{2}$  grain. Dimethylarsenin is asserted to be similar to sodium cacodylate, but with a more pronounced therapeutic action. Solution of Arsenic and Mercury comes in three dosages, 2 gm., 1.5 gm., and 0.7 gm., respectively. The 2 gm. form is claimed to contain 2 gm. (31 grains) of sodium dimethylarsenate (cacodylate), U. S. P., and mercury iodid 5 mg. (1-12 grain) in 5 c.c. of solution. Both preparations are advised for the treatment of syphilis, intravenously. The report of the Council reminds physicians that cacodylates have been found inefficient as spirocheticides



and warns against the abuses—often dangerous—to which patients are frequently subjected when “intravenous therapy” is employed. (*Jour. A. M. A.*, Aug. 2, 1919, p. 353.)

**HORMOTONE AND HORMOTONE WITHOUT POST-PITUITARY.**—The Council on Pharmacy and Chemistry reports that Hormotone of the G. W. Carnrick Company is advertised as “A pluriglandular tonic for asthenic conditions.” The same firm also advertises Hormotone without Post-Pituitary for use “in neurasthenic conditions associated with high blood pressure.” These preparations are sold in the form of tablets for oral administration. Each tablet of Hormotone is said to contain 1-10 grain desiccated thyroid and 1-20 grain of entire pituitary, together with the hormones of the ovary and testes—the amounts and the form in which the latter are supposed to be present are not given. From this it is seen that the only definite information given the medical profession regarding the composition of Hormotone is that it is a weak thyroid and a still weaker pituitary preparation. Hormotone without Post-Pituitary is said to contain in each tablet 1-10 grain desiccated thyroid, and to “present” “hormone-bearing extracts of thyroid, anterior pituitary, ovary, and testes.” The Council declared these preparations inadmissible to New and Nonofficial Remedies, because: (1) Their composition is semisecret. (2) The therapeutic claims are unwarranted. (3) They are sold under names not descriptive of their composition, but suggestive of their indiscriminate use as “tonics.” (4) In the light of our present knowledge, the routine administration of pluriglandular mixtures is irrational. (*Jour. A. M. A.*, Aug. 16, 1919, p. 549.)

**BROMIDE AND ACETANILID COMPOUND.**—The period of acceptance having expired for Granular Effervescent Bromide and Acetanilid Compound-Mulford, the Council on Pharmacy and Chemistry directed its omission from New and Nonofficial Remedies because an examination of the available evidence demonstrated that mixtures of this

kind are inimical to rational medicine and the public. The use of mixtures of bromide and acetanilid in fixed proportions is irrational and prone to induce their indiscriminate use by the public—and this despite the perfectly frank declaration of the composition of this mixture by the manufacturer. (*Rep. Coun. Pharm. Chem.*, 1918, p. 58.)

**CINCHOPHEN: FORMERLY ATOPHAN.**—The Chemical Foundation, Inc., which has purchased some 4,500 German-owned patents, many of them for synthetic drugs, proposes to continue the wise policy of the Federal Trade Commission by requiring that those who receive licenses for the use of patents for synthetic drugs must use a common designation for each drug selected by the foundation. Cinchophen has been selected as the designation for the substance introduced as atophan (also described in the U. S. Pharmacopœia under “phenylcinchoninic acid”). In consideration of this action on the part of the Chemical Foundation and also because physicians found it difficult to use the pharmacopœial name phenylcinchoninic acid, the Council on Pharmacy and Chemistry has recognized the contracted term cinchophen as the name for the drug introduced as atophan. (*Jour. A. M. A.*, Aug. 9, 1919, p. 427.)

**S. S. S.**—The state of Louisiana has a law prohibiting the sale of venereal disease remedies, except on the written prescription of a licensed physician. In May of this year, the Bureau of Venereal Diseases of the Louisiana State Board of Health notified the druggists of Louisiana that the sale of “S. S. S.” (“Swift’s Syphilitic Specific” or “Swift’s Sure Specific”) would meet with the same law enforcement measures as were being waged against any venereal disease nostrum. The result of this notice was a letter sent to various drug stores of Louisiana by the sales manager of the Swift Specific Company declaring that “S. S. S.” is not recommended or advertised as a venereal medicine. A few years ago, “S. S. S.” was boldly heralded in newspaper advertisements as a “cure” for syphilis. (*Jour. A. M. A.*, Aug. 30, 1919, p. 707.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Suwannee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties: Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties: Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R. L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties: W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGHLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting — DAYTONA — May, 1920

## "ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY."

The Council on Pharmacy and Chemistry of the American Medical Association is a department of our national organization that has not received the plaudits and encomiums of a wildly joyous medical profession nor the grateful praises of the enthusiastic manufacturer of pharmaceuticals. The council seems indeed to be the unloved child of the entire family of subsidiary bodies of the association. Perhaps the reason for this may be found in the character of its duties for the council must expose fraud, sometimes in high places, and protect the physician from being duped by avaricious persons and by persons who are themselves sometimes the victims of their own credulity. It thus happens that the sale of some proprietary article previously held in high esteem by the practitioner proves valueless, perhaps even fraudulent. The practitioner, however, may have credited much of his success in treating certain conditions to that preparation and the maker has had success in accumulating dollars from its sale and both parties emit a loud and vicious roar against the council, because they both lose money. Nobody wants to be "protected" against making money—make it honestly if possible, but make it—but this black sheep among the Councils of the American Medical Association insists on their making their money honestly!

Despite many obstacles thrown into its path, the Council on Pharmacy and Chemistry has serenely pursued its allotted tasks, corrected its mistakes, improved its methods, and today stands as the only medium to which the honest physician may turn for information—not misinformation—regarding proprietary articles. During the war the council and the chemical laboratory were in close cooperation with the Surgeon-General's Office, testing and investigating every article offered to the government for the treatment of the sick soldiers. The variety and the number of fakish and fraudulent stuff offered to the Surgeon-General was a pitiable

exhibit of the mental gymnastics of some people. Just now the council and the laboratory have a new and important field before them, *i. e.*, to protect the physicians against worthless and useless serums, vaccines and synthetics. It will be the council's unpleasant duty to expose the fraudulent and useless among these articles and stamp truth on those found worthy.

We seem to have wandered from the topic in our caption but not so in reality because the burden of our thought is to lend our influence to the spread of the motto of the Advertising Clubs of the World, namely, "Truth in Advertising." It is our purpose to stimulate a larger degree of enthusiasm for the work of the Council on Pharmacy and Chemistry and the Chemical Laboratory, a more generous flow of inquiries concerning articles unfamiliar to the physician, and particularly to urge that the words "accepted by the Council on Pharmacy and Chemistry of the American Medical Association" be printed on the label and on all advertising circulars of proprietary articles that have been admitted to New and Nonofficial Remedies. Then, when pamphlets and circulars are received by physicians they will read the statements of manufacturers with sympathetic understanding and with full confidence in the verity of the declarations. The importance of creating just that sort of receptivity in the mind of the prospective buyer is so well known to the astute publicity expert that it is needless for us to dwell on its advantages. Every proprietary article advertised in our *Journal*, in *The Journal of the American Medical Association*, and in the other state association journals, as well as in several well-edited privately owned journals, does in effect say to the reader that the articles so advertised are accepted by the council because only proprietary articles so accepted are accepted by us. The fact is further acknowledged when these firms are permitted to exhibit their goods at our annual sessions, for again the rule is enforced that only proprietary articles which have

been approved by the council may be placed on display.

Why not complete the circle of ideas — it would not be a "vicious circle"— by printing on labels, in advertisements and circulars, the words: "Accepted by the Council on Pharmacy and Chemistry"?—*The Journal of the Missouri State Medical Association*.

#### NUTRITION AND SEX EXPRESSION.

The world-wide campaigns for the control of venereal disease have brought the social relations of individuals and their sex expression into a peculiar prominence. Experience has shown the necessity of a changed attitude toward the problems of the sexual life. A few years ago no group of persons outside of the medical profession treated the subject in a frank manner; but today the champions of so-called social prophylaxis are ready to adopt a straightforward view in relation to the sexual instincts and to plan their campaigns for betterment with due consideration to physiologic and environmental factors as well as to purely moral or ethical tenets. A recent writer<sup>1</sup> has remarked that the physical, the mental and the moral being is the result of heredity, environment and education. Science, he adds, does not take cognizance of sentiment, for that is the product of culture, and they who permit themselves to be governed by a sentimentality that ignores or conflicts with the established inexorable laws of nature must inevitably meet disaster.

A sane hygiene of sex must strive to learn what these "inexorable laws" of nature are. It is generally recognized that sexual emotions can be awakened or intensified by a variety of stimuli which affect the senses. The imagination undoubtedly plays a conspicuous part in many instances; nevertheless, aside from the more purely mental processes the sex expression finds its genesis in no small measure in the contributions of the special senses thereto. Sight and sound and touch enter into the peculiar complex in which physiologic and psychologic factors are mingled to give rise to the unique manifestations of sexual emotion.



Little is known and less has been taught regarding the purely physiologic background of these manifestations. It is understood, or at least assumed in a general way, that disease of the body as a whole may decrease or even abolish the sex expressions; thus, diabetes and extreme obesity are included among causes of sexual impotence. It has been very difficult, however, to secure definite information regarding possible relationships between the emotions of sex and special physical or metabolic functions of the organism. The topic is repulsive to those competent to furnish the facts; and even when they might be secured, introspection and suggestion combine to make them of questionable value for a strictly scientific analysis. An exceptional instance for securing reliable information seems to have been afforded by the investigations of the Boston Nutrition Laboratory of the Carnegie Institution of Washington on the effect of a prolonged restricted diet on human vitality and efficiency.<sup>2</sup>

Editorial reference has already been made in *The Journal* to the outcome of these human experiments. Briefly, the basal metabolism of the students living at decidedly reduced weight level brought about by a diet representing from two thirds to one half of their supposed calorific requirements was about 18 per cent lower per kilogram of body weight than prior to reduction. The systolic and diastolic blood pressures were lowered to about 90 and 65 mm., respectively. The pulse rate showed a marked drop. For example, five of the subjects showed many pulse rates 35 beats or below, and one man gave seven counts at 29 beats per minute. Body temperature, measured rectally, was normal, but the men complained of feeling the cold and wore more clothing. Neuromuscular coordinations presented some decrement; not enough, however, to interfere seriously with the duties of everyday life. There was no falling off in the quality or amount of the scholastic work. Strength tests indicated some decrease, but the normal amount of common physical activity appears to have been maintained. The men were not

apparently lacking in vitality, nor were they inefficient. When engaged in vigorous athletics with their fellows, a stranger could not have picked them out.

Information cautiously acquired from the twenty-four young men who may be assumed, because of their training at the International Y. M. C. A. College at Springfield, Mass., to have a sound and wholesome attitude regarding these matters, reveals the circumstance that associated with the physical condition resulting from the low diet there was a diminution in sex activity.<sup>3</sup> It is needless to reiterate here the correlated opinions on which this conclusion was based. Miles<sup>3</sup> has called attention to the fact that, in these undernourished students, decreased sex expression accompanied a diminished rate of basal metabolism; and he ventures to remind us that the sex instinct is commonly stronger in men than in women, who have a lower basal level of metabolism. It is not on this ground illogical, Miles writes, that a lowered metabolism in men might reduce the manifestations of the sex instinct. Nature may require a high metabolic level for purposes of race propagation.

Miles' conclusion from his most unusual study has a direct interest for medical practice:

"Any dietetic régime which, even though it affects the external appearance and performance of an individual but little, definitely lessens the expression of the sex instinct, causing one sex to take but little interest in the other, would seem to be disadvantageous to the species if indefinitely prolonged and if the instinct made no adjustment thereto. Any general conclusions regarding a lowered nutritional level produced by prolonged reduction in diet may not disregard the effect on the sex instinct or its manifestations. On the other hand, the results clearly indicate a method of treatment for achieving restraint of sexual tendencies in pathologic cases of sexual dissipation."—*Jour. A. M. A.*

1. Malchow, C. W.: *The Sexual Life*, St. Louis, C. V. Mosby Company, 1917.

2. Benedict, Miles, Roth and Smith: *Human Vital-*

ity and Efficiency Under Prolonged Restricted Diet, Pub. 280, Carnegie Institution of Washington, 1918; Benedict, Miles, Roth and Smith: The Effects of a Prolonged Reduced Diet on Twenty-Five College Men, Proc. Nat. Acad. Sc. 4: 149, 1918.

3. Miles, W. R.: The Sex Expression of Men Living on a Lowered Nutritional Level, J. Nerv. & Ment. Dis. 49: 208 (March) 1919.

## THE AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN NEW ORLEANS.

The next annual meeting of the American Public Health Association is to be held at New Orleans, Louisiana, October 27th to 30th, inclusive. The central themes of discussion will be Southern health problems, including malaria, typhoid fever, hookworm, soil pollution and the privy, etc.

The general belief among the health profession is that influenza will return next winter, and a full session will therefore be devoted to this subject for the purpose of developing methods of control.

A special effort has been made to arrange the program to meet the practical needs of health officials. Accordingly there will be discussion on such questions as the attitude of legislators towards public health, the obtaining of appropriations, cooperation from women's clubs, health organizations, etc., the organization of health centers, and so on.

The programs of the sections will, as usual, deal with public health administration, vital statistics, sanitary engineering, laboratory methods, industrial hygiene, sociology and food and drugs.

Two special programs will also be presented on various phases of child hygiene and personal hygiene.

Winter railroad rates to New Orleans will be in effect from all points after October 1st.

The program of the meetings will be published in the *American Journal of Public Health* appearing October 5th, or may at that time be had upon application to the Secretary, 169 Massachusetts Avenue, Boston, Mass.

## FRAUDULENT "CURES" FOR VENEREAL DISEASES SEIZED.

By order of the Federal Courts more than 450 seizures have been made recently in different parts of the United States of so-called cures for venereal diseases. They were made on information furnished by officials of the United States Department of Agriculture through its Bureau of Chemistry. A campaign to end the false labeling of such preparations is being conducted by the officials charged with enforcing the Federal Food and Drugs Act.

The goods seized include a great variety of compounds. Some of the labels bear the claim of the manufacturer that the contents are sure cures for venereal diseases. Some even contain statements that cures will be effected within definite periods, varying from three days to a few weeks. In others indirect statements, suggestive names or deceptive devices are craftily used to make it appear that the use of the preparation will be followed by a cure of the disease.

In all the seizure actions the Government alleged the preparations to be falsely and fraudulently labeled, because the ingredients could not produce the results claimed on the labels.

The officials state that such preparations are sold largely because of plausible but false claims regarding their curative effect. Many sufferers with dangerous contagious venereal diseases are led to believe that cures will be effected by these preparations, and adequate treatment under competent medical supervision is neglected until permanent injury to health and even danger to life has resulted. Thus is created one of the greatest obstacles to the proper control and eradication by health officials of venereal diseases. In many instances had such sufferers secured competent advice, early and complete cures might have been effected.

Self-treatment with worthless concoctions causes not only continued suffering but sometimes permanent injury to the unfortunate victims and makes of them a menace to the

public health because of the extreme danger of others contracting the disease from them.

Action under the Federal Food and Drugs Act in reference to venereal-disease preparations coming under its jurisdiction and sold under proprietary names is limited by the terms of the act largely to the prevention of false or fraudulent labeling. The act does not prevent the sale of any mixture as medicine, however worthless it may be, if there is directly or indirectly no false or fraudulent labeling. The officials in charge of the enforcement of the act are of the opinion, however, that by causing the elimination of false labeling, upon which the sale of such preparations largely depends, the evils and dangers resulting from their indiscriminate use can be greatly checked, and substantial aid rendered to public health officials.

---

#### WANTED: ONE MILLION WORKERS.

Organization and Publicity!

These are the names of the two pillars which must support the arch in the Third Red Cross Roll Call for members and drive for \$15,000,000 this fall.

In order that the roster of American humanitarianism may be thoroughly representative of this vast and rich nation, an organization that will extend along all the byways as well as the highways is absolutely essential. Organization, then, is the first big step.

It is roughly estimated that one million volunteer workers, who can give generously of their time, are needed for early mobilization and coaching for the intensive campaign which will take place during the period beginning November 2 and ending the evening of November 11, Armistice Day. The preliminaries necessary to the perfection of an organization of one million workers are being directed from National Headquarters, from which text posters are being sent to every postoffice, telegraph office and public library in the land.

In enrolling workers, service men are wanted in unlimited numbers. You'll find friends of the Red Cross among them and willing workers, too. Get the men in uni-

form into this roll call and drive, and your local campaign will go from the start. Men and women who can speak and write and serve in semi-executive capacities during the campaign should be on the job, primed for real American action, weeks ahead of the designated ten days.

And when this organization *is on the job*, the slogan of paramount importance is one word—Publicity.

So, with proper organization and publicity, this roll call and drive in behalf of peace-time preparedness for our Red Cross—for the countless benefits of home service for the families of soldiers, sailors and marines, a service that is to be extended in many instances to civilian families; public health nursing, epidemic prevention work, domestic disaster relief, and the completion of certain remaining obligations to destitute war-sufferers abroad—will be the great success which it is urgent it should be. — *Red Cross Bulletin*.

---

#### ROLL CALL OF AMERICANISM.

Dr. Livingston Farrand, Chairman of the Executive Committee of the American Red Cross, recently announced a nation-wide Red Cross campaign to open on November 3, and to close November 11, Armistice Day.

The primary object of the campaign is to enroll members for the year 1920, but there will be in addition, a general appeal for Fifteen Million Dollars, to enable the Red Cross to complete its war obligations at home and abroad, and there will be local appeals, where necessary, conducted by chapters to secure whatever money they may need to finance their local programs.

During the war there were two annual campaigns, the War Fund Drive in the late spring and a Christmas Roll Call for membership. The only campaign this year will be the one in November and in succeeding years there will be an annual Roll Call in which the Red Cross will seek the reaffirmed allegiance of the American people expressed in dollar memberships, the money so derived to be used for American purposes, and the



approval thus received to be regarded as a mandate to carry on future programs.

The first task of the Red Cross is, of course, to complete its obligations to American soldiers and sailors. The great organization plans, as its future policy, to concentrate its efforts upon peace problems at home, unless America should again be involved in war or confronted by great disasters creating special emergencies. The Red Cross programs are primarily within the field of Public Health and will aim particularly to cooperate with official activities, Federal, State or Local. The Red Cross will seek not to duplicate the work of established organizations, but will endeavor to supplement other agencies where they already exist or to stimulate and organize work where none such exists.

The great work which the American Red Cross did during the war has, however, left a continuing obligation, which can not be fulfilled for some months to come. In an amendment to the Army Bill, Congress prolonged the responsibility of the Red Cross abroad by authorizing the Secretary of War to transfer to the American Red Cross such medical and surgical supplies, and supplementary and dietary foodstuffs now in Europe, as should not be needed by the Army abroad or at home, to be used by the American Red Cross, "to relieve and supply the pressing needs of the countries involved in the late war."

Inventories of these supplies are now being made. To them will be added such materials as the American Red Cross has itself in Europe, and these will be distributed in those countries in which the American Red Cross is concluding its war relief program, and where, because of the ravages of war, famine and epidemic, the distress is most pronounced, as in the Balkans, Poland and other Eastern European countries.

To meet all these obligations and to administer this foreign relief the Red Cross must raise at this time a fund of Fifteen Million Dollars.

Doctor Farrand said that the Red Cross

authorities realize that the astonishing generosity of the American people during the war and the present high cost of living at home might legitimately lead many to expect a release from further demands for assistance to other peoples, but that we must remember that our Allies were much harder hit by the war than were we and that we have incurred obligations to them which honor demands shall be discharged.

In naming the sum of Fifteen Million Dollars the Red Cross has tried to determine the smallest amount which will enable it to round out its work and make effective the appropriation of Army goods rather than to estimate the generosity of the American people.

It is believed that the end of these foreign obligations is in sight, and the Red Cross is turning its chief attention and energy to the development of a clearly defined home program, which already includes systematic preparedness for Disaster Relief, a widespread Nursing plan, continuing Home Service operations, First Aid instruction, and a Junior Red Cross program, all of which will depend for their success upon large and vigorous Chapters. For these reasons, the enrollment of members is the chief purpose of the November campaign. It is the primary ambition of the American Red Cross to be of service to Americans.—*Red Cross Bulletin*.

---

#### NEW AND NONOFFICIAL REMEDIES.

**BARBITAL SODIUM-ABBOTT.**—A brand of barbitol sodium which complies with the New and Nonofficial Remedies standards. Barbitol sodium is the soluble sodium salt of barbitol (veronal). Barbitol sodium was first introduced as veronal sodium and medinal. For a discussion of the actions, uses and dosage of barbitol sodium see New and Nonofficial Remedies, 1919, p. 83. The Abbott Laboratories, Chicago.

**OVARIAN SUBSTANCE-HOLLISTER-WILSON.**—The entire fresh ovary (including the corpora lutea) of the hog, cleaned, freed

from fat, dried and powdered. It contains no diluent or preservative. For a discussion of the actions and uses of ovary preparations, see *New and Nonofficial Remedies*, 1919, p. 202. The dose is from 0.06 to 0.2 gm. (1 to 3 grains). The Hollister-Wilson Laboratories, Chicago.

**DESICCATED CORPUS LUTEUM-HOLLISTER-WILSON.** — The fresh substance from the corpora lutea of the hog, dried, freed from fat and powdered. It contains no diluent or preservative. For a discussion of ovary preparations, see *New and Nonofficial Remedies*, 1919, p. 202. The dose is from 0.03 to 0.12 gm. ( $\frac{1}{2}$  to 2 grains). Hollister-Wilson Laboratories, Chicago.

**GONOCOCCUS BACTERIN (SPECIAL BACTERIAL VACCINE No. 9).** — A gonococcus vaccine (see *New and Nonofficial Remedies*, 1919, p. 285), marketed in 10-c.c. vials, each cubic centimeter containing 1,000 million killed *Gonococcus*. Fred I. Lackenbach, San Francisco.

**STAPH-ACNE BACTERIN (SPECIAL BACTERIAL VACCINE No. 6).** — A mixed bacterial vaccine (see *New and Nonofficial Remedies*, 1919, p. 296), marketed in 10-c.c. vials, each cubic centimeter containing 500 million killed *Staphylococcus albus*, 500 million killed *Staphylococcus aureus*, and 50 million killed *Bacillus acne*. Fred I. Lackenbach, San Francisco.

**STAPHYLOCOCCUS BACTERIN (SPECIAL BACTERIAL VACCINE No. 1).** — A staphylococcus vaccine (see *New and Nonofficial Remedies*, 1919, p. 289), marketed in 10-c.c. vials, each cubic centimeter containing 2,000

million killed *Staphylococcus albus*, 2,000 million killed *Staphylococcus aureus*, and 1,000 million killed *Staphylococcus citreus*. Fred I. Lackenbach, San Francisco.

**B. COLI BACTERIN (SPECIAL BACTERIAL VACCINE No. 12).** — A colon bacillus vaccine (see *New and Nonofficial Remedies*, 1919, p. 283), marketed in 10-c.c. vials, each centimeter containing 5,000 million killed *Bacillus coli*. Fred I. Lackenbach, San Francisco.

**WHOOPING COUGH BACTERIN (SPECIAL BACTERIAL VACCINE No. 14).** — A pertussis bacillus vaccine (see *New and Nonofficial Remedies*, 1919, p. 287), marketed in 10-c.c. vials, each cubic centimeter containing 2,000 million killed *B. Pertussis*. Fred I. Lackenbach, San Francisco.

**STREPTOCOCCUS BACTERIN (SPECIAL BACTERIAL VACCINE No. 10).** — A streptococcus vaccine (see *New and Nonofficial Remedies*, 1919, p. 291), marketed in 10-c.c. vials, each cubic centimeter containing 1,000 million killed *Streptococcus*. Fred I. Lackenbach, San Francisco.

**TYPHOID BACTERIN (SPECIAL BACTERIAL VACCINE No. 17).** — A typhoid vaccine (see *New and Nonofficial Remedies*, 1919, p. 292), marketed in 10-c.c. vials, each cubic centimeter containing 1,000 million killed *B. Typhosus*. Fred I. Lackenbach, San Francisco.

**DIPHTHERIA TOXIN-ANTITOXIN MIXTURE-LEDERLE.** — A mixture consisting of five L+ doses of toxin and 6.25 units of antitoxin. Marketed in vials containing one dose. Three doses are packed in a carton. Schieffelin and Co., New York.

## PUBLISHER'S NOTES.

### NEGATIVE OR POSITIVE?

Is the gauze which you use on wounds of a negative or positive character? In other words, is the gauze merely negatively aseptic, meaning that it will not of itself infect the wound; or is it positively antiseptic, with the faculty of keeping out infection and of inhibiting infectious processes in the wound itself?

Given the choice of the two, surely the latter, the one which is actively antiseptic instead of passively aseptic, is to be preferred.

Such a dressing is Chlorazene Surgical Gauze, a new addition to the well-known Chlorazene family, supplied by The Abbott Laboratories, of Chicago, Ill., which is now introducing it as "the fighting dressing for wounds." We who are familiar with the

well-known action of Chlorazene can well believe that it marks another step forward in the modern dressing of wounds.

Chlorazene Surgical Gauze, we are assured by The Abbott Laboratories, contains more than 5 per cent of impregnated Chlorazene. This amount is guaranteed not only at the time of manufacture but also at the time of use. To support this they show that a strip of the gauze which assayed 6.44 of Chlorazene was kept under ordinary conditions for over six months and at the end of that time assayed 6.35—a loss of less than one-tenth of one per cent.

Chlorazene Surgical Gauze is now being marketed in one-yard and five-yard rolls. Its price compares favorably with other antiseptic gauzes on the market. Its greater effectiveness due to the greater potency of Chlorazene over the substances commonly used as antiseptics should be taken into consideration.

Physicians are invited to try this new surgical gauze at the expense of The Abbott Laboratories. A post card or any other form of request for a trial strip will be taken care of promptly. We suggest sending for yours today.

## That Condition, Doctor, Is Not Uncommon

Notice today the number of growing girls and women whose ankles rotate inward and who walk with feet abducted, which improper posture eventually causes pelvic disorders.

Prescribe proper foot-wear and

### *Dr Scholl's* *Corrective Foot Appliances*



which are especially designed to support the weakened structure, remove abnormal pressure and strain and restore normal functioning of muscular structures. These scientific appliances are now sold by leading shoe dealers and surgical instrument houses who have been instructed by our Educational Department how to properly fit them as prescribed by the physician.

Write for pamphlet, "Foot Weakness and Correction for the Physician," and chart of corrective foot exercises.

THE SCHOLL MFG. CO., 113 W. Schiller St., Chicago, Ill.  
New York      Toronto      London

## NEW ORLEANS POLYCLINIC

Graduate School of Medicine, Tulane University of Louisiana

THIRTY-THIRD ANNUAL SESSION OPENS SEPTEMBER 22, 1919, AND CLOSES JUNE 5, 1920

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery, including laboratory, cadaveric work and the specialties. For further information, address:

CHARLES CHASSAIGNAC, M. D., Dean

Post Office Drawer 770

Tulane also offers highest class education leading to degrees in Medicine, Pharmacy, Dentistry, Hygiene and Tropical Medicine

NEW ORLEANS



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, October, 1919

Number 4

## ORIGINAL ARTICLES

### THE WASSERMANN TEST AS A CONTROL IN THE TREATMENT OF SYPHILIS.\*

GRAHAM E. HENSON, M. D.,  
Jacksonville, Fla.

The Wassermann test as a diagnostic aid in suspected cases of syphilis is now generally accepted and used by the medical profession. What appeared as fallacies in the test a few years ago are now generally understood and are not now considered as decreasing to the slightest extent the value of the measure. The clinician knows that the reaction is not secured in the early days of the infection — that is that the serum of a primary syphilitic does not necessarily contain complement binding properties until the infection is a few weeks old. It is also conceded that a minimum number of positive syphilitics will give negative Wassermans. That a single negative report on the serum of a treated patient does not mean the complete cure of the patient, and that negative bloods become positive after a few weeks' or months' cessation from treatment is also quite generally understood and in a measure acted upon.

The Wassermann test as a control in the treatment of syphilis is, however, still sadly neglected. It is still rather the rule than the exception for the syphilitic to be given intensive treatment for a few weeks or months at the most, one or two negative bloods being accepted as sufficient upon which to discharge the patient. The implied criticism is not necessarily directed at my own profession, as in a large measure they are only unwilling accomplices before the fact. If the

world is to receive the full benefits of Wassermann's work in serology, a persistent educational campaign must be carried on not alone in the profession but among syphilitics and the laity in general. They must be taught that apparent cures are not necessarily real cures; that one, two or several negative blood reactions do not always give them protection from the aftermaths that appear later in life as results of incompletely cured syphilis. It may not appear practical to some of you to carry out all that should be done to protect the individual from the aftermath of syphilis in early adult life, namely, neurosyphilis in middle and advanced life. But you at least have not done your duty without making earnest application to put into effect that what you know. If the young adult is accepted as a patient with the understanding that a few months' intensive treatment is going to assure him of a complete cure in all instances, it is going to be well nigh impossible six months later, when he sees evidence of a clinical cure, to convince him that further investigation is necessary to completely satisfy his physician that he is really free of infection. On the other hand, a frank discussion just as early as the diagnosis is arrived at, of not only what may reasonably be expected but what must be safeguarded against, will result in convincing many, if not the majority, of our patients that it is going to be necessary for them to remain under observation more or less for many months after it appears that a cure has been effected.

While the Swift-Ellis treatment has not proven curative in advanced cases of paresis or tabes and the original hopes and expectations of those so enthusiastic in the belief that a panacea for all neurosyphilitics had

\*Read before the Forty-sixth Annual Meeting of The Florida Medical Association, at Miami, May 20, 22, 1919.

been found, there is no doubt that we are paying too little attention to the routine examination of spinal fluids in our early cases of syphilis and later in the control of treatment. While the administration of salvarsanized or mercurialized serum employed intraspinaly in late secondary and early tertiary syphilis may avail little or nothing in the progress or early involvement of a cerebrospinal syphilis, intraspinal treatment in those early secondary infections showing neurosyphilitic symptoms will often abort hopeless involvement of the central nervous system. A negative Wassermann on the blood may often be accompanied by a positive reaction on the spinal fluid, so that an intensive study of the spinal fluid, which should include cell counts, globulin estimation and the Wassermann test, should be conducted in all cases of secondary syphilis and those cases giving clinical evidence of syphilis but giving negative Wassermans on the blood. It is needless to say that it is not intended that primary cases be placed in the latter category.

In a study of the blood and cerebrospinal fluid in three hundred known cases of syphilis Dennie and Smith<sup>1</sup> show that in primary syphilis 70 per cent had strong positive reactions on the blood, 80 per cent had entirely negative findings on the cerebrospinal fluids, 20 per cent had mild findings with not a single marked finding. In their early secondary cases the blood sera gave 92.5 per cent four plus positive reactions, while the percentage of negative spinal fluids are reduced to 45 per cent, their mild findings are increased to 35 per cent and their marked findings to 20 per cent. But what a marked contrast is to be seen in the study of their series of late secondary cases, the bloods giving 100 per cent four plus positive reactions and the spinal fluids becoming 60 per cent positive. These investigators conclude that all treated cases of syphilis should have a routine examination of the spinal fluid before being finally discharged, regardless of the number of negative findings in the blood. In the opinion of the writer even a more cer-

tain prophylactic measure against syphilis of the central nervous system would be the application of the Wassermann test to the spinal fluid early in the secondary stage of the disease. At the present time a large number, in fact, I believe the majority of practitioners, pay absolutely no attention to spinal-fluid findings, relying entirely on the Wassermann reaction of the blood until such time as their patients show clinical evidence of involvement of the central nervous system. It is not argued that all cases showing positive reactions on spinal fluids should receive intraspinal treatment, but that such cases regardless of their blood reactions should receive continuous and intensive treatment of salvarsan intravenously combined with general treatment. If within a few months, or sooner if neurologic symptoms appear, there is no perceptible change in the spinal-fluid findings, the Swift-Ellis treatment or some modification of it should be employed without hesitation.

The hesitancy of the general practitioner to resort more frequently to lumbar puncture and subsequent laboratory diagnosis of the spinal fluid, it is believed, may largely be laid to two principal factors: (1) imperfect knowledge of the technic employed in conducting a lumbar puncture, with a consequent reluctance to carry it out; (2) incomplete or unsatisfactory reports furnished in the past by the laboratory worker on specimens of spinal fluid submitted for examination. The former should be overcome with little difficulty, as lumbar puncture, while calling for careful aseptic detail and precision on the part of the operator, is not, in the vast majority of instances, hard to perform, attended by no danger to the patient and with comparative little discomfort when the value and importance of the procedure is taken into consideration. The latter, I think it may be safely said, has already been overcome, the clinical pathologist of today recognizing and having corrected many errors of the past.

In a suspected case of neurosyphilis a Wassermann test in itself is not sufficient.

Valuable information may be obtained by noting the pressure under which the fluid escapes, increased pressure being probably the earliest manifestation of pathology in the spinal fluid of the neurosyphilitic. What constitutes increased pressure can, however, only be learned with experience. A cell count should always be made, pleocytosis does not in itself establish a diagnosis of cerebrospinal syphilis, but a differential diagnosis is not hard to arrive at with the clinician and pathologist working hand in hand. Globulin estimation should always be carried out and is a simple procedure. The technic suggested by Nonne and Hecht has always proved very satisfactory in my hands. The colloidal gold test is of great value as a control and is invaluable in establishing a differential diagnosis between tabes and paresis.

In considering the final cure of a case of lues or in establishing the diagnosis of a neuprosyphilitic lesion, the significance of the pathology of the spinal fluid can not be overestimated. Increased pressure plus a pleocytosis and a positive phase globulin is of inestimable value even in the presence of a negative Wassermann. To revert to the Wassermann test as applied to the spinal fluid, serologists now generally recognize that the employment of small quantities of the fluid in carrying out the test has been responsible for many negative Wassermann reports in undoubted cases of neurosyphilis. Most laboratories at the present time use a minimum of 1 c.c., many more than this. Larkins and Cornwall<sup>2</sup> advise the use of 2 c.c. They conclude that "positive serologic findings in the spinal fluid early in a syphilitic infection are common," that "they may persist, despite vigorous intravenous or other general treatment, and entirely disappear with the administration of intraspinal treatment," and that "in the face of these facts the syphilitic has a just reason to demand early diagnosis and early treatment of neurologic lesions before the destructive pathology

has proceeded beyond the stage of possible resolution."

In conclusion, it may be said that there are at the present time two large schools — one considering that the vast majority of cases of syphilis can be cured by intensive treatment, consisting of the intravenous administration of salvarsan combined with general treatment, in a comparatively short time; the other holding that probably a majority of cases of luetic infection are incurable in the complete sense of the word "cured." To these two large schools may be added a much smaller one, but rapidly gaining in numbers with each succeeding year, believing that the great majority of cases of syphilis can be permanently cured, but recognizing the fact that there are cases which remain incurable. This school recognizes, however, that to cure the majority of cases early diagnosis is necessary, intensive treatment must be consistently carried on; that a negative Wassermann test on the blood serum or a series of such negative tests mean nothing; that the early examination of the spinal fluid is mandatory; that where the fluid shows pathologic changes indicative of neurosyphilitic involvement intraspinal treatment must be resorted to early, and that no patient on whom a diagnosis of syphilis has been made, the diagnosis having been established early enough to warrant the hope of complete cure, should be discharged as cured without a lumbar puncture followed by an intensive study of the spinal fluid.

#### Bibliography.

1. Dennie, Charles Clayton, and Smith, D. O.: *The Blood and Cerebrospinal Fluid in Three Hundred Known Cases of Syphilis*, *The American Journal of Syphilis*, Vol. II, No. 1, 1918, pp. 101-119.

2. Larkin, John H., and Cornwall, Leon H.: *The Value of Laboratory Diagnosis in Neurosyphilis*, *Ibid*, Vol. III, No. 1, 1919, pp. 76-105.

335 St. James Building,  
Jacksonville, Fla.



## MUSEUM OF AMERICAN RED CROSSIANA.

IRENE M. GIVENWILSON,

*Curator of the Red Cross Museum.*

Almost a year ago the leaders of the American Red Cross agreed that some effort should be made to preserve equipment, war relics and souvenirs of all kinds, as a living record of Red Cross activities in Europe. The Red Cross organization had been presented with many valuable medals and testimonials in recognition of its work in foreign countries, and it was felt that these should be placed on view, so that the American public could realize how great a part our National Red Cross had played in the great war in alleviating suffering and distress, and in ministering to the welfare of our soldiers. Hence arose the idea of a museum or permanent exhibit at National Headquarters. A committee was appointed to carry out this idea, and a second committee assembled in Paris to gather in from all parts of Europe, material of value and interest for this museum.

The entrance hall and a large room in the basement at National Headquarters were placed at the disposal of the Museum Committee, and towards the end of August the first exhibit was open to the public. In the entrance hall are displayed a number of beautiful pictures, posters and photographs. These represent various phases of Red Cross work—the Nursing Service, Child Welfare work, and work among the refugees of all nationalities.

In the museum room proper are displayed many interesting articles of every description. In one case are refugee garments from Palestine, which illustrate forcibly the terrible destitution of the inhabitants of this country under the brutal rule of the Turks. Side by side with these rags are garments made by the women of America for these poor refugees.

In another case are displayed a collection of medals and insignia. Many of these were presented to the American Red Cross during the recent war. There is also a complete set

of the medals and badges of our own Red Cross, besides those of England, France and Portugal. It is hoped eventually to possess the badges of all the Red Cross Societies throughout the world. Another interesting exhibit in this case is a beautiful set of gold Saki cups, presented by the Japanese Government in recognition of our relief of those who suffered through the earthquake and famine in Japan in 1913-1914. In the center of the case is the Distinguished Service Medal presented to the late Miss Jane Delano, who labored so faithfully and well in the organization of our Nursing Service throughout the war, and practically gave her life for the cause.

One of the most interesting features of the exhibit is a miniature group representing a model surgical-dressing workroom. Every detail is carried out with amazing accuracy. New members are seen signing up at the desk; a visitor is entering to ask for information and is being greeted by the directrice. At the tables workers in uniform are engaged in cutting gauze and making every kind of surgical dressing used both at home and abroad. Other ladies are winding wool, and knitting sweaters and socks for our soldiers, or cutting out and making hospital garments of every description. No photograph could so impressively represent the busy activity of our workrooms as this miniature group.

In another case are samples of refugee garments for women and children, and a complete layette such as was sent for the babies of destitute and homeless families in France and the Balkans.

Still another case contains beautiful illuminated testimonials from towns and districts in Italy, testifying to the appreciation and gratitude of the Italians for our work among their soldiers and refugees. There are also gifts of needlework of the most exquisite design, and many other pieces of handiwork made by the orphans whom we had helped. There are also mementoes from Siberia, from the Balkans, and from German prison camps.

Then, there are relics of our own civil war—the actual flag used by the U. S. Sanitary Commission, the brassard and pin worn by its members, and the beautiful silver cross in a laurel wreath, presented to the Hon. F. B. Fay, who was the president of the Auxiliary Relief Corps of the Sanitary Commission.

Beneath the flag of the Sanitary Commission is the striking and artistic bust of "The Knitter," presented by the artist herself, Miss Antoinette Hollister. The beauty and touching concentration of the old woman's face is remarkable; one reads her thoughts as she knits, of her own boys far away overseas, fighting in the cause of liberty and justice.

The success of the exhibit and the interest aroused is shown by the fact that already there is a daily average of nearly 100 visitors, who do not merely cast a casual glance round the room, but stay to examine carefully all the units in the collection.

At the present moment, plans are on foot for transforming the cafeteria at Headquarters into a duplication of a "Line of Communication" canteen in France. Here will be placed on view everything of interest in our canteen service overseas, even to one of the rolling kitchens, which followed the fortunes of the 27th Division.

In another room there is being arranged an exhibit of surgical dressings and appliances of all sorts used during the war, as well as a collection of masks, designed by Mrs. Ladd for those unfortunates whose faces were mutilated and features destroyed.

This first exhibit is not intended to be a temporary thing. The idea of the committee is that the museum shall be the great national memorial to all Red Cross workers during the recent war, both to those who had the

privilege of working overseas and those who labored patiently at home. So, eventually we hope to see a building assigned entirely to the museum, where we shall be able to represent graphically the whole history of our National Red Cross since we first joined the Geneva Convention; so that our children and our grandchildren may realize our ideals for the betterment not only of our own country, but of other people throughout the world.

For here would be represented by pictures, models, figure groups, and valuable mementos of all kinds, the work of the Red Cross in times of disaster as well as in times of war; help given to Japan, to China, to Italy at the time of the Messina earthquake; aid rushed to San Francisco, to Dayton and to other centers when disaster and calamity overtook those cities.

Some of us are inclined to think that a museum is a dead sort of a thing—just a record of past events. This we hope our National Red Cross Museum will never be. It will look forward as well as backward; it will seek to show by models, figure-groups and pictures what are our aims for the future, not only to relieve human suffering and distress, but also to prevent it by scientific research, by education, and by hygienic measures of all kinds.

Could there be a more fitting memorial to all our workers than such a museum, which shall set up in concrete form the altruistic motives which animated every man, woman and child who labored and gave with generous spirit of their time and money during the past years of war, not only for the benefit of their own countrymen, but also for the welfare of their fellow-men throughout the world?—*The Red Cross Bulletin*.

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

"WHAT WE KNOW ABOUT  
CANCER."

The Society announces the publication, through the Council on Health and Public

Instruction of the American Medical Association, of a new handbook for practitioners, entitled "What We Know About Cancer." This is a 54-page pamphlet which gives in

condensed summary form the essence of the best modern knowledge concerning the diagnosis and treatment of the principal forms of malignant disease. The preparation of this handbook has resulted from the conviction of the leaders in the campaign of cancer education that all practitioners of medicine should share to the fullest possible extent the knowledge and standards of practice in the discovery and treatment of this disease which have been developed in the leading clinical and research centers of the country.

Having in mind this need of a more general dissemination of the knowledge of cancer within the medical profession, the American Society for the Control of Cancer in February, 1917, appointed a special committee to prepare the manuscript of a handbook on cancer for distribution among practitioners. This committee consisted of Dr. Robert B. Greenough, Director of the Harvard Cancer Commission, Boston, Massachusetts; Dr. James Ewing, Professor of Pathology at Cornell University Medical College, and Director of Cancer Research at the Memorial Hospital, New York City; and Dr. J. M. Wainwright, of Scranton, Pennsylvania, for many years Chairman of the Cancer Commission of the Pennsylvania State Medical Association. The manuscript prepared by this Committee was submitted to the Council of the Society in April, 1917, and then sent to a number of prominent surgeons and other students of cancer for critical review. The suggestions thus obtained were utilized in a careful revision of the manuscript, which, after a delay naturally ensuing from the war, was again submitted to the Council of the Society at a meeting held October 26th, 1918. At this time the Council thoroughly reviewed the draft and ordered its publication. The handbook therefore represents not merely the views of the authors of the draft, but the consensus of opinion of a considerably larger number of representative American physicians and surgeons who have had special experience in dealing with this disease.

The handbook attempts to provide in a brief compendium the essential facts about cancer in general and its manifestations in the different situations where it most commonly occurs. The drafting committee after careful consideration decided to omit any critical and controversial review of published statistics showing the end results of operative treatment, and has presented only in general terms the expectation of success attending the radical operative treatment of cancer in its different situations. In this, as in other respects, the handbook endeavors to take a conservative view of the subject and it is believed that the majority of statements made will be accepted by the surgeons of the country generally. So far as the pamphlet represents such a consensus of opinion, it is believed that, as thus published for widespread and inexpensive distribution, it will be welcomed by thousands of physicians and surgeons and students throughout the United States.

The State representatives and other Directors and members of the Society are urged to use their influence in every possible way to secure the wide-spread use which this standard pamphlet merits. As with many of the health educational pamphlets published by the American Medical Association, reprints may be obtained by State Medical Associations, State Boards of Health, etc., in special editions with any cover design that may be desired. This arrangement will be made without extra charge for any organization ordering 1,000 copies or more. It is further hoped that members of the Society will endeavor to have appropriate state and local agencies, particularly their State Boards of Health, assume the expense of reprinting and distributing this handbook among the physicians of the state. It is suggested also that it be utilized in medical schools in connection with the instruction on the subject of cancer.

The pamphlet may be ordered either from the American Medical Association, 535 North Dearborn Street, Chicago, or from the American Society for the Control of Cancer,



25 West 45th Street, New York City. The price of ten cents a single copy has been set merely to cover the cost of printing and postage. Larger orders will be filled at the following rates:

5 copies .....	\$ .50
25 copies .....	2.25
50 copies .....	4.00
100 copies .....	8.00
200 copies .....	14.00
500 copies .....	30.00
1,000 copies .....	55.00

### PROPAGANDA FOR REFORM.

RESTORIA.—“Restoria for Bad Blood” is sold by the Restoria Chemical Company of Kansas City, Mo. It is sold as a sure cure for syphilis, but is also recommended for rheumatism, kidney trouble, lumbago, eczema and catarrh. The A. M. A. Chemical Laboratory reports that Restoria contains no mercury or arsenic but does contain iodid, probably as potassium iodid, equivalent to 1.693 gm. per hundred c.c. It also was found to contain much vegetable extractive, some alkaloidal drug and a bitter oil or oleoresin. (*Jour. A. M. A.*, Aug. 9, 1919, p. 438.)

HOLADIN AND BILE SALT MIXTURES.—The period of acceptance having expired, the Council on Pharmacy and Chemistry decided to omit the following mixtures from New and Nonofficial Remedies: Holadin and Bile Salts-Fairchild; Capsules of Bile Salts, Succinate of Soda and Phenolphthalein-Fairchild; Capsules of Holadin, Bile Salts and Phenolphthalein-Fairchild; Capsules of Holadin, Succinate of Soda and Bile Salts-Fairchild. The Council holds that these mixtures are superfluous and that the several substances of which they are composed should be used singly, or at most with greater attention to the individual requirements of the patient than is possible when these fixed mixtures are prescribed. Despite that these mixtures have been in use for more than nine years, there is no satisfactory evidence that they possess any advantage over the simple laxatives, or the preparations of bile or pan-

creatic extract. The dismissal of the holadin and bile salt mixtures does not involve the question of the usefulness of holadin or of bile salts alone. On the contrary, the possible usefulness of these preparations is admitted and they are retained in New and Nonofficial Remedies. It is the combination of holadin, bile salts, sodium succinate and phenolphthalein to which objection is made by the Council. (*Rep. Coun. Pharm. Chem.*, 1918, p. 59.)

POLLEN ANTIGEN. — Pollen Antigen-Lederle is a pollen extract which represents the pollen of plants blooming in spring and in fall. The Council on Pharmacy and Chemistry declared these preparations inadmissible to New and Nonofficial Remedies because there appeared no warrant for complex pollen preparations representing both spring and fall pollens. In consideration of the essentially experimental status of the use of pollen preparations for the prevention and treatment of “hay-fever,” such products should be as simple as possible. Hence pollen protein preparations prepared from the pollen of two or more species of plants are accepted for New and Nonofficial Remedies only if there is evidence that the given combination is rational. (*Rep. Coun. Pharm. Chem.*, 1918, p. 65.)

SECRET REMEDIES AND THE PRINCIPLES OF ETHICS.—There are on the market today and used by members of the American Association, dozens, yes scores, of widely advertised proprietaries that are, to all intents and purposes, secret. The physicians who prescribe them do not know and can not know what they are giving their patients. On this point Section 6, Chapter II, of the Principles of Medical Ethics of the American Medical Association says: “\* \* \* unethical to prescribe or dispense secret medicines or other secret remedial agents, or to manufacture or promote their use in any way.” The inherent and basic reasonableness of the various requirements of the Principles of Medical Ethics needs no exposition or defense. (*Jour. A. M. A.*, Sept. 27, 1919, p. 902.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Allowance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties: J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Suwannee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties: Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillshorough, Pasco and Pinellas Counties: Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R. L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties: W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting — DAYTONA — May, 1920

## THE SOUTHERN MEDICAL ASSOCIATION.

The Southern Medical Association will hold its "Victory Meeting" in Asheville, N. C., November 10th to 13th. It will be remembered that the annual meeting which was to have been held in Asheville last year had to be postponed on account of the epidemic of influenza which had been raging all fall throughout the entire country. At that time we were in the midst of the World War. American troops had reached the fighting front in sufficient numbers to warrant the belief that the end was in sight. It is doubtful if many believed that we would so soon be on a peace basis. Our return to the pursuit of happiness has been a most wonderful transformation. The country is prosperous, physicians are enjoying the prosperity with the rest of the fellow citizens. There is every reason to believe that the coming meeting of The Southern Medical Association will be the most largely attended in its history. It is needless to say that an attractive program has been arranged. This will shortly be mailed to every member of The Florida Medical Association. Our State Association is not as largely represented in The Southern Medical Association as it should be. The dues are only three dollars a year, which includes subscription to *The Southern Medical Journal*. This publication is itself worth twice the amount involved in membership. Honest—this is no bull; if you doubt it, ask for and read a copy. No Southern physician can afford to be without membership in this truly Southern and democratic organization. Join now—attend the coming meeting and nothing but sickness or death will ever keep you away from future meetings. G. E. H.

## ARTIFICIAL PNEUMOTHORAX.

During the twenty-five centuries that have elapsed since Greek, and possibly Hindu, physicians cured tuberculosis by rest and a proper diet, at least two things of real value have been added to the treatment: more rest and more attention to the diet. The phthisio-

therapist must be an optimist. Given suitable economic conditions that enable him to enforce his regimen of rest and diet, he can frequently make a favorable prognosis. Certainly few infectious diseases offer the body a greater opportunity for successful resistance than does tuberculosis. The wisdom of the policy of noninterference has become so generally recognized that we are today perhaps overcautious and too conservative in our judgment of procedures that savor of active intervention. Among these is the use of artificial pneumothorax. Developed as an adjunct of rest therapy, it offers, in its ideal utilization, the utmost that we can expect from absolute rest.

Aside from the reluctance to depart from the policy of letting well enough alone, there is an impression among many physicians that the procedure is dangerous. Untoward results, however, have been limited virtually to the cases in which too large amounts of gas have been injected at the early fillings. These larger amounts of gas have been given on the false assumption that if a little gas is good, more will be better. Forlanini himself, in his first publications, warned against the use of large amounts of gas. He limited the amount injected at any one sitting to from 100 to 300 c.c., but the early advocates of his method in this country (Murphy) and in Germany (Brauer) used larger amounts with admittedly spectacular but occasionally unfortunate results.

Murphy, however, laid great emphasis on the use of artificial pneumothorax earlier in the course of the disease. Then its effect might be assumed to be curative rather than merely palliative, as is so frequently the case when used in tuberculous patients in the utterly hopeless terminal stages of the disease. There is much to justify this position. Since pleural adhesions are the chief factor in the nonsuccess of the method, we should seek to apply the pneumothorax at a time when such adhesions are likely to be less frequent. They are found commonly enough in the routine postmortem examination of bodies that present otherwise normal lung

findings. In cases of tuberculosis, in which the rich lymphatic network of the visceral pleura is so often the site of early extension, fibrinous and fibrous adhesions can be taken for granted in practically every case. The earlier the pneumothorax is attempted, the less likely it will be that adhesions will prove too extensive for favorable collapse therapy.

The end-results of treatment described by Beggs,<sup>1</sup> Minor,<sup>2</sup> Morris,<sup>3</sup> and Kendall and Alexander<sup>4</sup> seem to warrant definite confidence in the usefulness of the method in cases that are advancing despite the ordinary regimen of rest and diet, and perhaps also in early cases in which, because of unfavorable economic conditions, we can not be assured that the patient will have the advantages (or at least the maximum benefit) that are possible under the usual hygienic and upbuilding methods.

It has been found in actual practice that the theoretical advantages of collapse therapy are fulfilled to a large degree, even when we can not be certain that we have attained a complete result. The relative bloodlessness and the stasis of the lymph currents of the collapsed lung are followed by a lessening of the toxemia because of the decrease in the absorption of toxic material; the chances for dissemination of the infection are diminished; the rest accelerates cicatrization. To be weighed against these advantages is the possibility of activating a dormant focus of the opposite lung on which the entire task of ventilation is imposed. In hemorrhage, occasionally in lung abscess, and in some cases of bronchiectasis, ordinary contraindications must frequently be disregarded in view of the mechanical benefits of immediate compression and the relief thereby gained.

Artificial pneumothorax is today a relatively safe procedure. With gas injected under aseptic precautions, controlled by the roentgen ray and the manometer, and given in the small amounts insisted on by every conscientious worker, few complications need be feared. At present the method is seldom used except by the specialist in the tuberculosis field. The vast majority of



tuberculous patients, however, are treated not by specialists but by the general practitioner, and there is no valid reason why a safe remedial measure should be withheld from the patient, who not infrequently is seen at a time when the pleural conditions are still favorable for the successful use of the pneumothorax.

If soldiers can be kept on active duty with a pneumothorax that is refilled at definite intervals, as they have been in the French army, there is no reason why, in times of peace, we can not keep many patients in active, normal life and gaining a livelihood at their usual occupation. Under such conditions we are more likely, also, to keep the lung compressed for a longer period of time than if the patient is treated for a relatively short term at some institution and returns then to his former environment without further supervision. Keeping in mind the fact that collapse therapy is really rest therapy, Morris has well emphasized that it is much safer to keep a lung compressed too long than not long enough.—*Jour. A. M. A.*

---

1. Beggs, W. N.: Induced Pneumothorax in Pulmonary Tuberculosis, *Am. Rev. Tuberc.* 1: 509 (Nov.) 1917.

2. Minor, C. L.: Deductions from Four and One-Half Years' Use of Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis, *Ab. Rev. Tuberc.* 1: 522 (Nov.) 1917.

3. Morris, Everett: Induced Pneumothorax: Its Use in the Treatment of Pulmonary Tuberculosis, with Report of Two Hundred and Two Cases, *Am. Rev. Tuberc.* 2: 485 (Oct.) 1918.

4. Kendall, W. B., and Alexander, C. C.: Clinical Report on One Hundred and Thirty-One Cases Treated by Artificial Pneumothorax, *Am. Rev. Tuberc.* 2: 79 (April) 1918.

---

### THE CALDER BILL—A VICIOUS MEASURE.

Senator Calder of New York has recently introduced a bill that would make practically all products that now come under the purview of the federal Food and Drugs Act immune from state laws. The bill provides, in effect, that no state or city law relating to the adulteration or misbranding of foods, drugs or medicines, "or regulating the branding thereof," shall apply to, or interfere with

the sale of any foods, drugs or medicines in package form which have been transported in interstate commerce and are not adulterated or misbranded under the provisions of the federal law. The effects of such a bill, should it become a law, would be utterly vicious. It would mean that when a state has a law that offers greater protection to the public than the federal law offers, the state law would be rendered inoperative. For instance, the severe setback, which the glucose interests received at the hands of the state of Kansas a few months ago, could never have happened if the Calder bill had been a law. Our readers will remember that Kansas requires the manufacturers of syrup-mixtures to declare definitely on the label the percentages of each ingredient. The Corn Products Refining Company sold a syrup-mixture which was found to contain 85 per cent glucose, 10 per cent molasses and 5 per cent sorghum. The company did not declare the proportions of the ingredients on the label; the Kansas authorities, under the state law, successfully proved the right of the state of Kansas to enact and enforce the ingredient-percentage requirement of its law. Another instance of what the Calder bill would do if it became a law can be understood by recalling the case of Nebraska against "Hall's Catarrh Cure." This nostrum, put out by a power in the "patent medicine" world, was still labeled a "cure" years after the federal authorities had forced less influential concerns to remove the word "cure" from their labels. Nebraska, under its own food and drugs law, prosecuted the Hall concern and won. As a result, it is now "Hall's Catarrh Medicine." Louisiana, as *The Journal* recently pointed out, has a law prohibiting the sale of venereal disease remedies except on the written prescription of a licensed physician. This has stopped the sale in that state of the vicious and dirty nostrums sold for the self-treatment of syphilis and gonorrhea. Should the Calder bill become a law, a manufacturer of a disgusting and dangerous "patent medicine" of this type (provided he lives outside of the state of

Louisiana) could sell his stuff in Louisiana and, figuratively speaking, put his thumb to his nose at the state authorities. While Mr. Calder's motives in introducing this bill are doubtless of the best, *The Journal* is convinced that the effects of the bill, should it become a law, would be altogether bad. Such a law would, in effect, enable unscrupulous manufacturers of food products and medicines to enjoin the various states of the Union from passing any laws, or enforcing any laws already passed, that are stricter than the federal law. Powerful interests might find it easier—and less expensive—to control legislation in Washington than in forty-eight individual states.—*Jour. A. M. A.*

---

### ANTHRAX.

During the past eighteen months, attention has been especially directed to anthrax in this country by the considerable number of shaving brush cases reported from the various army camps. But, for some years before the United States entered the war, anthrax had apparently been gaining in frequency and had been a cause of increasing concern to health officers in many places. In Massachusetts, twenty-five cases were reported in 1916 during a period of little over four months, and in Louisiana in the same year ten cases were reported in a single month. Other recent cases have occurred in Mississippi, Wisconsin, New Jersey, Connecticut and Kansas. In the whole United States there have been probably at least fifty deaths a year from anthrax since the beginning of 1915. As is well known, anthrax is primarily a disease of herbivorous animals and is communicated to man chiefly through contact with hides and other animal products. It is believed that the disturbance of the usual channels of import by the war, combined with the scarcity of labor, has led to a less efficient preliminary disinfection and so has permitted the introduction of anthrax-contaminated hides, bristles, etc., from parts of Asia and South America. The present increased scarcity of leather is likely to draw

still further on out-of-the-way and uncontrolled sources. There are only about twenty establishments in the United States that manufacture shaving brushes, and the U. S. Public Health Service has found the widest range of practical efficiency in their methods of sterilizing the hair or bristles. Safety, however, can be very simply attained. Boiling or steaming the hair has been found a satisfactory means of treatment. The apparent increase of anthrax cases due to contaminated shaving brushes raises the question whether there has been a real increase in infection or whether the better opportunities for early diagnosis and bacterial examination are responsible for bringing to light a larger proportion of cases. It is to be hoped that, for some time to come, infections simulating anthrax whether in country or city will be scrutinized with this possibility in mind. The increase in anthrax that occurred before our own mobilization suggests that the infection may have been even more widespread than was recognized. At all events, the future development of this dangerous disease should be watched with care. The Public Health Service has found reason to state recently that "without doubt there are now in the market many brushes which are potentially dangerous."—*Jour. A. M. A.*

---

### THE INHERITANCE OF ACQUIRED CHARACTERS.

There is something almost dismal in the currently popular theories of heredity, so far as they apply to the human race. If we complacently accept the mendelian doctrine, the outcome of all matings and consequently the hope for the future seems to depend on the almost inflexible mathematical distribution of unit traits through the fortuitous unions that occur. Education, under this doctrine, can not create capacity; it can merely enable an individual to utilize more fully his inherent potentialities. Training does nothing more than give an opportunity to latent capacities. Hundreds of experiments have demonstrated that acquired characters can

not be transmitted. Neither accidental mutilations nor intentional operative alterations in the organism become transmitted to the offspring. The children of parents with amputated limbs continue to be normal in respect to these appendages.

Fischer<sup>1</sup> has recently urged the reacceptance of the theory of inheritance of acquired characters, interpreting the latter in the lamareckian sense. He submits that mutilations are not acquired in the true functional sense—they are inflicted. Truly acquired characters are those developed in a functional way through the effort or performance of the individual concerned. In urging this point of view, Redfield<sup>2</sup> has pointed to the records of horse breeding, one of the fertile fields for the accurate study of heredity. It is claimed that training, that is, functional activity, is indispensable to secure acceptable inheritance. Speaking of race-horses, Fischer says that "the winners of a new generation are the progeny of hard working parents, the losers the sons and daughters of the retired best families." In the domain of dairy cattle the functional character of milk production seems to be enhanced with each successive calf in the record families. Early born calves are far less likely to be great producers than are the later offspring of the same cows. The youngest daughters of the oldest cows are shown by experience to tend to be superior.

The corollary to this contention that performance is not without influence in heredity has been sought by Fischer<sup>1</sup> in the pages of human history. Insisting that, other things being equal, a father or mother of maturer years is more definitely possessed of acquired mental character than a younger one, Fischer maintains the thesis that the offspring of older parents have exemplified in a striking way the inheritance of the acquired characters. According to his statistics, if the probability of being eminent when born of a father between 35 and 40 is taken as unity, the probability if born at 25 is less than one fifth as great. Ascending the age scale, the probability at from 50 to 55 is five times that

at from 35 to 40, and over 60 it is ten times that.

Statistics on human heredity are notably difficult of analysis. The study of the inheritance of character, such as mental traits or degrees of eminence, which can not be measured in customary ways, is beset with many entanglements. But since the current rockbound conceptions of inheritance and its limitations fail to satisfy the searcher for "new hopes," every attempt to find a more flexible possibility of human betterment than the current eugenics theories afford will find some hearing.—*Jour. A. M. A.*

1. Fisher, M. H.: *The New Hope in Heredity*, *The Unpopular Review*, 11: 320 (April-June) 1919.

2. Redfield L.: *Dynamic Evolution*, New York, G. P. Putnam's Sons, 1914.

### SPOILED CANNED FOOD.

The necessity for preserving perishable foods from the season when they are produced in overabundance to the months when they are scarce is so evident in these days as to require no justification. In all civilized countries, commercial processes of preservation by heat and by cold have become highly developed and are extensively used. During the past few years, household methods of canning and preserving have been especially urged on economic grounds and have been widely put in practice. As one result it has become a familiar experience in many households that some of the domestically canned foods undergo spoiling after the lapse of a few weeks or months. The commercial canners of food on a large scale have similar experiences and sometimes have cans that are "swelled" or "sour" thrown back on their hands. The question has often been raised as to the dangers to health involved in the spoiling of heat-preserved foods, and now the answer to this question seems to be slowly shaping itself.

When canned goods spoil it is pretty evident that either the heating has not been sufficient to destroy the germs originally present or that the container has leaked and allowed germs to enter with the air. In the



latter case decomposition may be caused by yeasts, molds, or the ordinary bacteria of dust; in the former the surviving germs are practically certain to belong to the class of spore-formers. The heat-resistant spore-formers may in turn be divided into two groups, the aerobes and the anaerobes. The spore-forming aerobes found in insufficiently processed canned foods seem to belong largely to the *B. subtilis* or *B. mesentericus* groups, and as yet no injurious effect seems to have been laid at their door. This was perhaps to be anticipated, since organisms of these groups have rarely evinced pathogenic properties and since these aerobic organisms, even if they survive the heating, are not able to develop in hermetically sealed cans.

On the other hand, the spore-forming anaerobes constitute a group, many members of which are highly pathogenic for man and the domestic animals, and some of which, notably *B. botulinus*, have been definitely implicated in cases of food poisoning. It has become increasingly evident that one of the main dangers from botulism in this country is the use of food that has been insufficiently heated in the attempt to preserve it. This has been clearly brought out in Dickson's monograph on botulism,<sup>1</sup> and is further illustrated by an important article in this issue of *The Journal*.<sup>2</sup> The latter investigators lay stress on the fact that in the case reported by them the food was patently spoiled when eaten, and make the somewhat sweeping statement—in the body of the article—that there are "many people who do undertake to salvage canned food which they know to be spoiled or in some stage of decomposition."

The recent studies on botulism appear to establish the interesting fact that there is a wide range of heat resistance among the various strains of *B. botulinus*, and that the organism originally discovered by Van Ermengem and described under this name did not have the same biologic qualities as those manifested by several of the strains of *B. botulinus* isolated in this country. The organism described by Van Ermengem did not grow at 37° C. and had a low heat resist-

ance. The Boise strain isolated by Thom and his associates<sup>2</sup> has an optimum growth temperature of 37° C., and its spores survive steaming under 10 pounds pressure for fifteen minutes or a temperature of 100° C. for one hour. It is evident that the conditions under which home canning is generally carried out will not always insure the death of these heat-resisting strains of *B. botulinus*.

Thom and his associates are inclined to attach considerable importance to the putrefactive odors emitted by the strain of *B. botulinus* with which they have worked. Earlier writers have described the odor of *B. botulinus* cultures as sharp or butyric, but it is evident that some, at least, of the foods in which this organism has grown (in pure culture) are offensively putrefactive. The practical deduction that is drawn is that canned food presenting physical evidence of decomposition should not be eaten. This seems reasonable enough, and it is a rule that is probably followed instinctively in the majority of cases, although there will doubtless be occasional exceptions.

At the present time, it is plain that botulism is disturbingly frequent in the United States (apparently no case has ever occurred in Great Britain), that foodstuffs canned in the household are especially implicated in the causation of botulism, and that canned foods contaminated with *B. botulinus* usually, perhaps always, manifest physical signs of spoiling. Spoiled canned food has long been recognized as potentially dangerous; we can now estimate certain sources of danger much more precisely.—*Jour. A. M. A.*

1. Dickson: Monograph 8, Rockefeller Inst. for Med. Research, 1918.

2. Thom Charles; Edmonson, Ruth B., and Giltner, L. T.: Botulism from Canned Asparagus, issue of Sept. 20, 1919, p. 907.

## ONE, TWO, THREE—GO!

Plans for the 1919 Red Cross Christmas Seal Sale have been well laid. The National Association, with special campaign offices and a special and experienced campaign staff, has the preliminary work of the na-

tional program well in hand. Reports from various parts of the country indicate that state associations are shaping up their preliminary plans and problems in a highly satisfactory manner. With this auspicious start but one thing more is needed from now until the latter part of December to make the campaign a most signal success — *that one thing is cooperation, continuous cooperation.*

From now on the efforts of one should mesh with the efforts of all, just as do the gear wheels of a highly intricate piece of machinery. There must be simultaneous effort from start to finish if we are to make this a real nation-wide campaign and not just a series of local campaigns. There is a very vital difference.

The first of a series of handbooks giving the plans of this year's campaign, in clearly defined detail, is ready for mailing to state secretaries and their campaign assistants. Another giving the details of local organizations and the development of teams and other selling methods will soon go to local secretaries and campaign workers. When these are received, study them carefully and then undertake to put the principles laid down into practice. We urge that this be done step by step so that the campaign may progress with timed precision, much as the famous moving barrage fire was laid down during the war.

If this is done in a spirit of cooperation rather than competition the national campaign will gain the twelve-cylinder type of impetus which can only come from forty-eight highly organized states, all hitting at the same time. Naturally there will be certain delays and disappointments, for "the best laid plans of mice and men gang aft a-glee." Yet, if we all keep in step, success will be assured. Remember that a ship can travel wonderfully fast in a storm if it doesn't mind being splashed.

Because publicity is necessary both to stimulate organization work and to send the actual seal selling campaign over the top a broad national program of publicity has been laid out.

Certain material, for example, will be relayed to state and local workers to be released by them to local newspapers for publication on certain definite dates. The spirit of cooperation will be needed in handling this material in order that such publicity will appear simultaneously not only in a majority of the newspapers in one state, but in a majority of the newspapers in *all* states. If this is done again and again we will create not only intense state by state enthusiasm, but that more elusive and all important thing — national sentiment.

If it is not done, if the relaying and releasing of such publicity matter is allowed to drag, or if it is put out in a hit and miss fashion, one can readily see that while some states will have splendid local publicity, and some will not, none will have the benefit of real national publicity.

The same will hold true with regard to the development of campaign organization. The state association secretary and his state campaign director, of course, will not be responsible for the organization work in any state but their own, but they should be interested in keeping in touch with the progress of the organization work in neighboring states, and in keeping in step with the procession. Remember that if, at every period of the campaign, forty-eight states are equally or nearly equally organized and their organizations are turning all their attention and energy to the next step in the campaign there will develop a high voltage of something which, although we can not see or place our hands upon it, we shall feel is in the atmosphere enveloping the campaign and giving impetus to it. This "electric" force will come, not from friction, but from cooperation.

Our cause is great. Our plan is broad. Our program carefully prepared. For all of us it is now clearly a case of one, two, three—Go.

*I—It can be done!*

*II—It must be done!*

*III—It shall be done!*

*One, two, three—GO!*

—*Bulletin of the National Tuberculosis Association.*

## IMPORTANT NEW DECISION ON REINSTATEMENT.

Secretary of the Treasury Carter Glass, on July 25, signed a decision of momentous importance and interest to discharged soldiers, sailors, and marines.

In the decision (T. D. 47, W. R.) the Secretary ruled that discharged soldiers, sailors and marines who have dropped or cancelled their insurance may reinstate it within eighteen months after discharge without paying the back premiums. All they will be asked to pay will be the premium on the amount of insurance to be reinstated for the month of grace in which they were covered and for the current month.

Thus, for example, if a man dropped \$10,000 of insurance in January, 1919, and applies for reinstatement the 1st of September for \$5,000, all he will have to pay will be the premium for January (the month of grace) on \$5,000 and the premium for September on \$5,000. Or, if he applies for reinstatement of the full \$10,000, he will pay a total of two months' premiums on \$10,000, one for January and one for September. He will not have to pay premiums in either case for the intervening months.

The decision stipulates that the former service man applying for reinstatement be in as good health as at date of discharge.

Former Treasury Decision 45, W. R., and other prior regulations in conflict with the new decision are revoked.

Director R. G. Cholmeley-Jones, of the Bureau of War Risk Insurance, following the signing of the decision made the following statement:

"The present decision is one of the most important to former service men that has been made in the history of the bureau.

"Many service men have been deterred from availing themselves of the former and less liberal reinstatement privileges by reason of the relatively large amount of money represented by accumulated overdue premiums, and because it would seem that they were paying for something that they never actually had, which, in fact, was the case.

"Under the new decision a man is relieved of the burden of overdue premiums. He has an opportunity to rehabilitate himself financially after getting out of the Army, Navy, or Marine Corps, and to reinstate his insurance at any time within 18 months following discharge without the burden of paying a large amount of money.

"The reason payment for the month of grace is required under the new decision is that the insured was protected by reason of his insurance continuing in force during that month, and that had he died during the period of grace his policy would have been paid.

"Of course, every man who has dropped his insurance should reinstate it immediately, for the reason that if he should die before reinstatement his dependents will not receive any payment.

"Therefore, I urge that care be taken to make clear to every former service man who has dropped his insurance that the new ruling *does not* automatically reinstate him, and to impress upon him that he will be *without insurance* until he voluntarily applies for and secures reinstatement. He should immediately apply for reinstatement for his own protection and that of his dependents.

"Don't forget that men die or become disabled in peace time as well as in war time, and that if a man waits he may not be in as good health as he was at the time of his discharge and consequently may not be able to secure reinstatement.

"Don't put off reinstatement. Do it now."

If the policyholder is unable to keep the full amount of War Risk Insurance he carried while in the service, he may reinstate part of it from \$1,000 up to \$10,000, in multiples of \$500. Reductions may be made in multiples of \$500 to any amount, but not less than \$1,000. Premiums are due on the first of the month, although payments may be made any time during the calendar month.

Premiums should be paid by check, draft, or money order payable to the *Treasurer of the United States*, and sent to the *Premium Receipt Section, Bureau of War Risk Insurance, Washington, D. C.*



FROM THE DIARY OF AN RED  
CROSS COMMUNITY  
NURSE.

The bantam hen which lives next door has a young rooster among her summer's family. He crowed his first crow last week, and finds it so fascinating he can't stop. I jumped out of bed this morning, at six-thirty, to look at him through the wet dahlias. He's much better than an alarm-clock, and I can't help chuckling every time I see him teetering back and forth on the white-washed fence.

One of my windows looks across the street to the Red Cross Health Center, and the other down the dusty white turnpike to Haggerty's general store. The garage is just back of the Center, hardly two jumps from my office door, so I picked up my hat, and my "kit" and with my Red Cross cape across my arm, went down to oil and water "Peggy" before breakfast. Fifteen minutes to nine we were sailing down the road, "hitting on all four cylinders," on the way to school. Every fence corner is bright now with asters and goldenrod, and you see the farmers hauling their sticks for the "cuttin' season." This is tobacco country and the hillsides are getting "yaller with the mellowing crop."

"Aw, Miss Em'ly, gimmer a ride?"

I drew up and soon Pegagus is snorting along with as many youngsters as she can carry.

"Whatcher gonna do today, Miss Em'ly?"

"Are we goin' ter have anuther tooth-brush drill?"

"Say, Nurse, stay till twelve today, will yer? An' then we won't have any lessons."

Eight-year-old Sally Lou snuggles against my arm: "We didn't have half so much fun before we got a Red Cross nurse."

When school opened, at nine o'clock, there were two mothers sitting on the platform near Teacher's desk. "We just wanted to hear what you'd say about Tommie's throat," they whisper apologetically, as I line up the primer class for inspection. One thing has impressed me especially about this district of mine: Now that I seem to have gained their

confidence, the mothers are even willing to leave their churning, and to "hitch up the buggy mare themselves to hear what you've got to say." One of these women followed me out after the inspection had closed at ten-thirty, when I was marshaling my three "finds" for Doctor Anderson's orthopedic clinic.

"Nurse," she began, "I had to leave Hester May at home; her back's always ailin' and she can't walk to school. I sorta wish you could stop by and take her along with the others."

"Peggy" puffed indignantly up the dry creek bottom, but we were mighty glad we'd come when we saw Hester May. Her mother took her on her lap in the front seat, and with our load of "patients," down we jostled and bumped to Dr. A.'s clinic. He smiled as he raised up from examining Hester May's crooked little back.

"Braces'll fix her up—but I'm telling you, Miss Williams, you're not bringing her here any too soon."

I explained to her mother what he meant. She nodded thoughtfully when I broached the question of price.

"Well, I guess my egg-an'-butter money'll stretch," she said. "O' course, I'll buy them, if you'll tell me how."

On the way home I stopped to see little Dora Graves and her new baby. She's one of our young war-brides, and we've moved her bed over to the window so she can see her big soldier-farmer husband moving slowly up and down the bright rows of tobacco. She blushed when I laughed at her.

"You've caught me watching him again," she acknowledged, as I picked up Jimmy Junior from the old-fashioned trundle bed near hers. Her eyes watched me as I undressed him.

"My, how quick you do it—when'll I be able to get up — Doctor said pretty soon now."

"Is Jim getting tired of cooking?"

"Oh, no," came her answer quickly. "He's powerful good about it—that's what makes me feel so mean lyin' here doin' nothin' when I could be up easy enough."

I thought of all those tired-eyed farmers' wives who had "gotten up too soon after their first baby." As I folded back the blanket for her bath, I made up my mind that here was one woman who should be spared all that backache, and pain and nervousness if I could help it. \* \* \*

Ren Kirk's burns are not doing as well as they should. When he was taking his threshing machine out of the barn, the valves jammed against the door, and were torn away, holding him a prisoner as the steam blew off. I think I'll get Dr. Addoms to come out and see him tomorrow. \* \* \* Bedside nursing is one of the most interesting things I do here on Miller's Ridge. I'll never forget how I found Ren in that hot, stuffy, red-papered room, his wounds dressed with coarse sheeting he had torn himself—he's a bachelor. He was delirious when I arrived. Now he's out on the porch, with netting tacked up to keep off the flies, and he says he watches for "Peggy" and his dressings much more eagerly than he does for the "hired man" to bring his meals.

The dinner bells were ringing up and down Main Street when I drew up again in front of the Red Cross Health Center. I filed my school reports before going home to luncheon.

\* \* \* \* \*

You've got no idea how faithfully the women come to our Baby Welfare Conferences, now we've got a special clinic. When the Red Cross Chapter took over Judge Andrew's house for a Health Center, they gave us a big, sunny room on the first floor, and fitted it up with scales, files, chairs, etc. Twenty-one mothers brought their youngsters in this afternoon. Dr. Addoms prescribed a change in diet for Johnny Martin—his mother reported he was "fretty and cried a lot." The scales also showed that he wasn't coming on as he should. Cow's milk doesn't suit him, and I'll be mighty interested to see how the new feeding works out. One hard thing to teach these mothers is that they musn't give their young babies whole milk; it's invariably too high in butter fat.

But they are so proud of their Jerseys that they can't seem to believe that it will make trouble.

Three o'clock this afternoon is the time for my class in "Little Mothers." We have a button mill here—our only claim to being a "manufacturing center"—and I started this class of ten-year-olds to teach them how to take care of their younger brothers and sisters while their mothers are at the mill. We give them a modification of the regular course in Home Hygiene and Care of the Sick offered to the older girls and women, and present them with a card instead of the regular certificate. They are doing very nicely indeed. Yesterday one of them ran out and flagged "Peggy" as I was going by.

"Come see my baby's bed what I made!"

In the back yard was a soap-box with what looked like a glorified chicken-coop all scrubbed and whitewashed on top of it, and inside, on a pillow, Buddy rolled and kicked as happily in the fresh air as if he were in a \$25 perambulator.

By four-fifteen my last little straggler had gone home. Dr. J. was having a dental clinic next door, and I looked in to see some of my "school finds" of this morning before I sat down at my desk to plan out tomorrow's work.

Four visits to make at homes of school children, to call their parents' attention to physical defects which interfered with their children's progress. Wherever you find mental retardation at school, you are almost sure to find adenoids or bad eyes or perhaps malnutrition at home!

A meeting of the County Board of Health about clearing up Charlston Bottom, which breeds most of our mosquitoes and malaria.

A visit to Aunt Partheny, whose tuberculosis seems to be checked somewhat by her tent outdoors.

A visit to the tenants "up the Creek," where there's always typhoid.

And so the schedule runs, until the late afternoon sun coming through the screened door slants across my eyes, and I look up to see it's after five o'clock, and the day's work is over.—*Red Cross Bulletin*.

## GOVERNMENT WANTS WORKERS IN VENEREAL DISEASE CAMPAIGN.

The recently created Interdepartmental Social Hygiene Board of the United States Government is in need of a number of specially trained men and women to complete its organization. The United States Civil Service Commission has announced examinations for the following positions: Chief of division for scientific research, \$3,500 to \$4,500 a year; chief of division for educational research and development, \$3,500 to \$4,500 a year; educational assistant, \$2,800 to \$3,600 a year; chief of division of relations with states, \$3,500 to \$4,500 a year; chief of division of records, information and planning, \$3,500 to \$4,500 a year; supervising assistant and inspector, \$2,800 to \$3,600 a year; field agent, \$1,800 to \$3,000 a year. All positions are open to both men and women.

Applicants for these positions will not be given scholastic tests in an examination room but will be rated upon their education, experience, and writings. Published writings of which the applicant is the author will be submitted with the application. For most of the positions a thesis on one of a number of given subjects will be accepted in lieu of published writings. The receipt of applications will close on November 4th. Detailed information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the United States Civil Service Board at the post office or customhouse in any of 3,000 cities.

The law creating the Interdepartmental Social Hygiene Board provides for the cooperation of the War and Navy Departments and the Public Health Service of the Treasury Department for the prevention, control, and treatment of venereal diseases. The duties of the Board as set forth in the act are (1) to recommend rules and regulations for the expenditure of moneys allotted to states for the use of their respective boards or departments of health in the prevention, con-

trol, and treatment of venereal diseases; (2) to select universities, colleges, or other suitable institutions which shall receive allotments for scientific research for the purpose of discovering more effective medical measures for the prevention and treatment of venereal disease; (3) to recommend such general measures as will promote correlation and efficiency in carrying out the purposes of the act; and (4) to direct the expenditure of certain moneys appropriated by the act.

## THIRD SURVEY OF HOSPITALS.

The third survey of hospitals being made under the auspices of the American Medical Association is now well under way. Through an extensive correspondence and a third questionnaire the association has collected a mass of information on the subject. Much of this material has been tabulated and forwarded to committees in each state representing the state medical associations. Most of the state committees have arranged definite lines of action and by inspection of the hospitals or by other methods are securing first-hand information by which the data collected by the association is being carefully checked. The immediate end sought is to provide a reliable list of hospitals which are in position to furnish a satisfactory intern training. The investigation is not limited to intern hospitals, however, but will cover all institutions and the data obtained will be useful in any future action which may be taken in classifying hospitals. The work in Florida is in charge of a committee of which Dr. John S. Helms, of Tampa, is chairman, the other two members being Dr. Graham E. Henson, Jacksonville, and Dr. R. H. McGinnis, Jacksonville. The closer relationship which the hospital now bears to the public in the community which it serves makes it all the more important that the service rendered by it shall be excellent in character.

## NEW AND NONOFFICIAL REMEDIES.

CULTURE-LAC.—A culture of *Bacillus bulfaricus* in whey, marketed in bottles con-



taining about 4 fluidounces. It is adapted both for internal and external use (see general article on Lactic Acid-Producing Organisms and Preparations, New and Non-

official Remedies, 1919, p. 155). The date of issue is stated on the label of each bottle. Geck Laboratory, New York. (*Jour. A. M. A.*, Sept. 6, 1919, p. 167.)

## PUBLISHER'S NOTES.

### PURE FOOD.

Our pure food laws have three purposes:

1. To prevent the use of unwholesome material.
2. To prevent fraudulent substitution.
3. To inform the purchaser what she is buying.

Every doctor can help in making these purposes realized facts.

Most foods are so labeled that the purchaser knows exactly what the product is, and can exercise judgment in the purchase of them. Some products are so well known to the housewife that from the class name under which they are sold she can tell the ingredients contained therein. With others, such as baking powder, all the ingredients are named on the label, and as a result the most healthful, economical and desirable kind can be selected.

There is one class of mixture, however, which are still bought blindly without knowledge of the ingredients. These are the so-called Self-Rising Flours. Read the label on any package of self-rising flour and there is seldom found either the statement, "This package contains the following ingredients and none other," or any equivalent statement. One can not determine from the label

either the quality of the flour or the nature of the other ingredients mixed therewith.

The housewife is very particular as to the quality of the flour when she buys it unmixed but can exercise no discretion in the purchase of self-rising flour because of the effect produced by the added chemicals.

In the selection of baking powder, the housewife is very particular; but in self-rising flour she takes whatever self-rising ingredients are handed her without asking questions and in an equal state of ignorance with the dealer who is selling to her, as to what these ingredients are.

It has been admitted by the manufacturers of acid phosphate that the phosphate used in self-rising flour frequently contains 25 per cent or over of calcium sulphate (gypsum). Physicians know the objections to introducing such an amount of unnecessary inedible material into the system.

The physician can do much toward the enactment of laws that will forbid the use of such material in the manufacture of self-rising flour and that will require a statement on self-rising flour of all the ingredients contained therein.

Such laws will protect the health and the pocketbook.

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



## Examine Your Patients' Feet for Structural Weaknesses

Weak or fallen arches or flatfoot are often the direct cause of many bodily complaints such as fatigue, nervousness, pain in legs, sciatica, painful heel, cramped toes and rheumatic symptoms. Mechanical treatment is indicated along with properly fitted shoes.

### *Dr Scholl's* *Corrective Foot Appliances*

are especially designed on anatomical and approved orthopedic principles to relieve the cause of the ligamentous strain and correct the abnormal posture. Worn inside the shoes, are comfortable to wear and easily adjustable to meet all conditions as presented to the physician.

#### Sold at Shoe Stores

Better shoe stores in every locality carry the full line of Dr. Scholl's Corrective Foot Appliances and have also been instructed in how to properly fit them. Write us for the name and address of the dealer nearest you, Doctor, and let us tell you more about

mechanical orthopedics of the foot, which subject is attracting so much attention from the medical profession at this time.

*Send Coupon for New Pamphlet*

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Fill out the coupon for your copy of "Foot Weakness and Correction for the Physician"—just published.

**The Scholl Mfg. Co.**  
213 West Schiller Street  
**Chicago**

New York      Toronto      London

# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, November, 1919

Number 5

## ORIGINAL ARTICLES

### EXPERIENCES OF AN ORTHOPEDIC SURGEON AT A PORT OF EMBARKATION.\*

J. W. ALSOBROOK, M. D.,

Plant City, Fla.

When America entered the war, the Surgeon General's Office looked over the medical profession and found that the number of orthopedic surgeons available was entirely inadequate in the light of experiences gained by studying the history of the early years of the war and the advice of our allies, France and England. Therefore, the Orthopedic Section of the Surgeon General's Office was organized and Major Brackett was made its head.

General surgeons were invited to enter this section, and when called into active service, were ordered to one of the special schools where intensive training was given to prepare them for the work laid out for them. The course provided was three months, under the supervision of some of the best teachers of orthopedic surgery in the United States.

The student officer was taught the rudiments or fundamental principles of orthopedic surgery, special stress being laid on diagnosis, mechanics, anatomy of the nervous system, limbs and back. He was taught to look at all surgical conditions from an orthopedic standpoint; in other words, to do his surgery orthopedically.

Having finished this course at the Army Medical School, Washington, D. C., I was assigned on temporary orders April 30, 1918, to Headquarters Port of Embarkation, Newport News, Va., reporting there May 1st, just

in time for the big push in getting men overseas.

The cry from the other side was men fit to fight, and the following extract from a cablegram received from General Pershing about this time will give you an idea of the importance of the work:

"A great many soldiers of the Regular and National Guard Divisions have orthopedic trouble, such as flat feet, weak backs and lack of muscular development. About 600 men from the Twenty-sixth Division are receiving reconstruction work in a special training camp here. Don't let this be repeated in the future."

This was calculated to put everybody "on their toes," and so it did. The slogan of the port was, Get them over but be sure they are fit, and never delay an organization one minute. It was simply a cog in the big machine and exemplified the spirit of 1918.

Duties of the Orthopedic Board: Examination of all troops arriving at the port for overseas service, consultants to four military hospitals and act as a member of all S. C. D. boards. There was a splendid spirit of co-operation between the hospitals and the board and thereby we were able to do more and better work in our specialty than at any other port of embarkation.

The winter of 1917-18 was one of the worst in the memory of even older men than most of us are, and the result was that there was a large residue of cripples accumulating at the port at the time of my arrival. During the first week of May we undertook to get rid of these casualties by S. C. D., Domestic Service and General Hospital. We S. C. D'd 193 colored soldiers at Camp Hill in one day; most of these men came from one southern camp.

\*Read before the Florida Midland Medical Society, October, 1919.



The day's work started something which ultimately redounded to the good of the service, but it came very near costing one or more commanding officers their heads. Men were supposed to be fit for overseas service before being sent to a port, but this camp seemed to think a port a good place to get rid of its undesirables.

The majority of these colored troops were discharged because they could not be expected to attain further benefit from treatment, their disabilities being largely arthritis of gonorrheal origin, and this disease will always light up under heavy work such as the soldier has to perform. Arthritis of other origin was often encountered, but the foregoing predominated. A negro with visible signs of an injury has always or nearly always to be discharged because he does not very often crave being a soldier anyway.

It took about two weeks to clean up the casualties and malingerers, and the latter class is no small percentage of one's troubles. Many men, both diseased and otherwise worthless, were put in the Domestic Service class and performed good work as long as the war lasted. Then the big rush came on and we were busy examining arriving troops; the disabling diseases found averaged, even among well selected troops, from one to three per cent of all fighting men, other units not so large. The diseases in point of frequency were weak feet with symptoms, pronated flat feet, rigid flat feet, bunions, inflamed heel bursae, hammer toe, hallux valgus, tenosynovitis, chronic arthritis, cavus, back strain, exostosis, short heel tendon and ingrown nails which were very common but rarely disabling.

Shoe-fitting and shoe inspection were carried on for the purpose of teaching the officers and noncommissioned officers how to fit shoes, this being obligatory on the captain of each company. The shoe inspection showed an unusual number of misfits, the percentage being so very large that additional General Orders were issued from the War Department to all commanders concerning shoe-fittings, the percentage running as

high as 80 per cent short shoes. There is nothing so prone to cause ingrown nails as short shoes.

The Board, of which I was in command from July 15th to November 11th, examined for overseas service 173,000 men, besides hospital consultations which were daily, and often several times daily. In addition we met each ship returning with wounded and were held responsible for all orthopedic cases so long as they were in the embarkation and debarkation hospitals, where we were readjusting splints, reapplying plaster, referring cases to the Roentgenologist to determine when splints should be removed, and operating on those cases which would not or could not be sent to a general hospital at once.

I wish to digress here for a moment to say that all compound fractures where there has been infection should wear splints much longer than other fractures and only the X-ray will determine when they should be removed. The callus seems to be soft and has a tendency to mushroom when weight is put on the limb and produce an unusual amount of shortening.

Splints developed during this war are of a very superior design and were very wisely selected, and we owe their selection to the orthopedic section and they owe most of the designs to a man who was once "a bone setter." I refer to the late Dr. Thomas, of England. Many of our war splints bear his name and there are none better or more simple and durable. It would pay every man who does any emergency surgery to supply himself with a set of Thomas' transportation splints.

A word about the new antiseptics: Carrel-Dakin solution has done wonders for our wounded in saving life and limbs, but Dichloramine-T has finished up many cases that have gone stale and become chronic. It seems to find its best field in acute or chronic osteomyelitis and does good work in many conditions. I like it very much, and consider it far superior in the hands of the general surgeon without specially trained personnel.

## MEDICAL AND SURGICAL RELIEF FOR WAR HEROES.

The war has brought the Government face to face with a brand new series of problems. Long before the armistice was signed, Congress foresaw some of the necessities of the situation and, starting from the broad-angled viewpoint that a man who has been injured in the service of his country is not an object of charity but a person who is entitled to compensation and medical relief exactly as is the man who suffers a hurt at the hands of industry, a wise legislative program was inaugurated.

This contemplates that the Director of the Bureau of War Risk Insurance shall take all the necessary measures to insure that every person who contracted a disease or suffered an injury in military service in the line of duty during the war with Germany shall be recompensed therefor, and that he shall receive such medical and surgical attention which will return him to health, or at least shall bring to him the maximum relief possible in his particular case.

Furthermore, should this ex-soldier, sailor or marine have lost a limb or eye, or suffered any hurt for which a mechanical device may be necessary, that such apparatus shall be furnished him without cost. In furtherance of this plan Congress has enacted enabling legislation and at present is considering a bill which will further elucidate its purposes in this regard.

There is a man in Washington who sits all day long facing a gigantic map of the United States. On it is shown every railroad, town and hamlet in the nation. Colored pins locate the hospitals, dispensaries, medical and surgical consultants and examiners, all of this being the vast field machinery which the Government has put in motion to relieve suffering, prolong life, and return to efficiency the men and women whose minds or bodies may have been broken in humanity's war.

Some one asked this officer why he always sat facing this gigantic map, why he lifted his eyes to it so many times during the day? The

answer was, "So that I may always keep before me the fact that the problem is national in its scope and can be solved only by the maximum breadth of vision."

When Congress in its wisdom passed the War Risk Insurance Act, little did anyone dream of its far-reaching effects. Manifestly it was the desire of Congress, expressing the will of the American people, that those men and women who had rendered military service in the war with Germany should be adequately recompensed for any injuries or disabilities which they might receive or which might be aggravated by their response to the call of duty. Not only was it intended that the injured person should receive a just remuneration in proportion to the seriousness of his disability, but also that the Government should employ every means at the command of science to return such persons to health and as high a degree of physical efficiency as possible.

No human brain could have foreseen the puzzling maze of intricacies which would follow in the train of such a legal enactment. The tentacles of no mind could have reached out into the future and brought back impressions of the multitudinous variety of ways in which this beneficent measure would touch the lives and happiness of thousands of Americans.

At first glance the problem appears easy. If a discharged soldier, sailor or marine, army or navy nurse, yeoman (f) or marinette, can show that he or she received an injury in service or suffered an aggravation of a pre-existing injury or disease, then compensation and medical and surgical treatment if necessary, must inevitably follow. If it were so simple as this, every one of these persons would be able to arrange his compensation immediately upon his discharge from the military forces, and it would be unnecessary for the Government to employ special examiners and a corps of medical specialists in order to administer the Act with justice to the beneficiaries and to the Government.

But such is not the case. In the first place,

it must be shown that a claimant was actually in the military or naval forces of the United States. Secondly, that he suffered an injury or an aggravation of a pre-existing injury.

The Office of the Adjutant General of the Army and the Bureau of Navigation of the Navy are able to furnish the data required under the first head. It is not always so easy to arrive at a decision with regard to the second head.

A large number of cases are on record in which the man was discharged as in good condition, and within a few days was found to be suffering from serious trouble which was of such a nature as to make it absolutely certain that it existed prior to his separation from the service. For this reason it is not practical for the Medical Division to accept at their face value the reports of discharge boards. This is especially true when there is an absence of data. When boards have carefully reviewed a man's condition, their reports are regarded as corroborative evidence of the highest value.

Then, too, there is the question of those disabilities which appear some time after the man's separation from the service. Here it is necessary to call upon the Adjutant General and the Surgeon General for the man's medical record while in the service. This sometimes throws considerable light upon the question of determining whether military service had aggravated what would otherwise have been a very obscure condition. In every case the burden of proof is on the Government, and the man is always given the benefit of the doubt. This is in the interest of broad-minded, sympathetic treatment.

Nearly the entire eighth floor of the Arlington Building in Washington is occupied by the Medical Division of the Bureau of War Risk Insurance. The function of this Division is to pass upon the medical aspects of claims made against the Government under the War Risk Insurance Act; to supervise the medical and surgical treatment of those discharged sick and disabled soldiers, sailors and marines who are in need of such services; to arrange their hospitalization, to secure

for them the artificial limbs and other prosthetic appliances which they may require; to secure physical examinations of these claimants, and to prepare the certificates of disability which will be their protection in years to come, even though they may not be in need of compensation or medical and surgical attention at the present time. In other words, it is the medical department of the largest insurance and employers' liability company in the world.

Surgeon General Rupert Blue of the United States Public Health Service has detailed the medical officers necessary to conduct this work, and Director R. G. Cholmeley-Jones of the Bureau of War Risk Insurance has assigned a large force of clerks, stenographers, and messengers to this Division. If one could visualize this busy place, presided over by the Chief Medical Advisor, Assistant Surgeon General W. C. Rucker, and could sense the broad sympathy with which the Government is endeavoring to meet this post-war problem, the effect would be that of placing one's hand upon the pulse of the great American people.

Here comes a hand-truck pushed by two lusty messengers. It is filled with reddish-brown fibre folders, each having a brilliant red edge. Everyone of these folders represents the claim of some man who has suffered a hurt at the hand of the god of war. These folders go into a large room where they are sorted and classified and from which they are dispatched in other trucks to the various sections of the Medical Division. Each of these folders represents some man in need of treatment or prosthetic apparatus, or some man, who by reason of his injury or disease, is entitled to compensation from the Government.

The sorted cases travel out by trucks to the various sections of the Medical Division. More than 5,000 cases pass through the Medical Division every working day, action being had on one case every four seconds. When the case reaches the section to which it is routed, it is carefully reviewed by medical officers of the United States Public Health Service specially trained in such work.



In one instance it is necessary to rate the degree of disability; in another, to order an artificial arm; in another, to pay a bill for the repair of teeth; this patient is to be admitted to a sanatorium; that unfortunate boy whose reason has been rocked by the thundering engines of war must be committed to an institution. Here the mother of an epileptic requires a consoling letter; there some officer in the field must be informed regarding the special needs of some particular case.

The organization of the Division is simplicity itself. At the head is the Chief Medical Advisor, who is assisted by the Executive Officer. It is necessary that the Division be in accurate and close touch with various governmental and quasi-governmental agencies interested in the problem and for this purpose there is a Liaison Officer to take up questions with the U. S. Public Health Service, the Federal Board of Vocational Training, the Army, the Navy, the Marine Corps, the Red Cross, and the various volunteer organizations which are doing such magnificent work in assisting to rehabilitate the war wreckage.

The Division itself is divided into eight sections: Internal Medicine, Surgery, Tuberculosis, Neuro-psychiatry, Eye, Ear, Nose, Throat and Dental, Prosthetics, Statistical, and Miscellaneous. The functions of these sections are pretty well indicated by their titles.

In the case of the sections of neuro-psychiatry and tuberculosis, the officers having charge of them have also charge of the same sections in the Hospital Division of the Public Health Service, thus making it possible to coordinate accurately the care of the tuberculous and the mentally injured with the anti-tuberculosis and mental hygiene program of the Public Health Service. In this way it will be possible to assist in the nationwide movement looking to the control of the great white plague and the recognition and early cure of many cases of mental illness which are at present escaping observation.

The cases pass to the various sections for action and from them back to the mail room

and to the other divisions in the Bureau for such further action as may be necessary. It will be readily understood that one handling does not suffice for a given case. Each must be gone over many, many times, and will be gone over many, many more times in the succeeding years.

This explains why, although more than 5,000 cases are being administered each day, only some 107,000 different individuals have been the recipients of the ministrations of the Medical Division. Of these, more than 18 per cent were suffering from wounds incident to their military service; almost 15 per cent were the victims of tuberculosis, and not quite 11 per cent were afflicted with temporary or permanent mental disorders; about 4 per cent were gassed; 6 per cent had respiratory affections other than tuberculosis, and 2 per cent were paralyzed. About 17,000 of these cases have been treated in hospitals and about 7,000 men are undergoing hospital treatment at the present time.

It should be borne in mind that these cases represent less than one per cent of the total number of men in service during the war with Germany.

The total strength of the Army, Navy and Marine Corps to November 11, 1918, was 4,791,172. All of these are potentially patients of the Bureau of War Risk Insurance. To this number should be added the number of 200,300 men who were accepted by the local draft boards but were rejected by camp surgeons, and 50,000 men who were drafted and furnished transportation to camp but who were not mustered into service for reasons other than physical. The sum of these three groups was 5,041,470.

It is estimated at the present time that at least 641,900 men of this group were discharged from military service with some disability. Estimates which have been prepared by the Chief Medical Advisor on 513,500 of these men show that about twenty-five per cent of these cases of disability are due to diseases of the nervous system or mental alienation—about 16,000 cases. Thirteen per cent suffer from diseases of the circulatory

system and almost thirteen per cent from diseases of the bones and organs of locomotion, and at least nine per cent, or about 46,000, have tuberculosis.

To follow up a series of these cases through the Division and see the way in which they are handled is to come into intimate contact with humanity in the raw. Within the brick-red fibre folder with its scarlet edge are encompassed the records of the most important happenings of many a life.

Here are certificates of birth, marriage and death, records of military service, reports of physical examinations, treatments received, operations performed, and letters from parents, wives, relatives and friends. In fact it would be possible to write the complete biography of many a man from the data collected in this one small space.

Side by side, and handled in exactly the same way, are the cases of Colonels, Captains and Corporals; white men, colored men and Indians; men who have no English—men who are illiterate, and men who have received their education at the finest institutions of learning in the world. The case of a "marinette" is beside that of a Major General while that of a nurse is next in order to that of the private whom she nursed back to life. They have, however, one thing in common; they have suffered a hurt in the service of their country. Very seldom indeed do they try to get more than their just dues, and many times they state that they do not wish compensation, all that they require being an opportunity to be cured of their diseases or healed of their wounds so that they may pursue again their peacetime avocation.

It is interesting to examine some of the typical cases. The following have been selected at random and are authentic except as to names and addresses, which must be omitted since a man's medical record can not be made public property.

Here is a first communication:

"I was discharged from the U. S. Army some time ago and was fitted with a temporary arm. Now I would like to secure a

permanent artificial arm. I have worn this temporary arm for over three months and think I am ready for the permanent arm. So please inform me how to get it." Then follows this letter: "In reply to your letter, you are advised to report to the District Supervisor at 512 Garland Building, Chicago, Ill., for a complete physical examination and to be fitted with a permanent artificial arm. Present this letter together with your discharge paper as a means of identifying yourself, and you will be furnished with a permanent arm. Transportation is enclosed and return transportation will be given you by the officer who examines you."

This man, whose left arm was blown off in the Argonne by a high-explosive shell, is examined and all the measurements taken for an artificial arm.

Right here it may be stated that the War Risk Insurance Bureau specifies in all of its contracts that the manufacturer shall furnish the *best* artificial limb which he is capable of making; the Government supplies all of the extras, and in the case of men who have to do heavy work and therefore run a risk of breaking their artificial limb, they are given two. As one of the amputated men said, "One for week-days, the other for Sundays."

The arm for this patient was manufactured and, at Government expense, he was sent to the factory to try it on. Here in the file is his certificate stating that he has received the limb and that it is satisfactory in every respect, and next to it is a bill for \$200.00 for this arm.

Approximately 3,800 major amputations have occurred as a result of the war with Germany. Of these about two-fifths were arms and three-fifths were legs.

Up to September 19, 1919, there were exactly 1,200 claims for artificial limbs. Of these, 621 were artificial legs and 579 were artificial arms.

While the artificial limb was well-known to the ancient Egyptians and was issued by Julius Caesar to the forces who captured Gaul and invaded England, in its modern application it is essentially the product of

American inventive genius. The type of leg which Rameses used to order for his men and which was in general use by the mutes of Pericles, consisted of a peg surmounted by a hollow wooden cone lined with leather, which was affixed to the body by means of a pair of homely suspenders. It was stiff and it was impossible therefore to "bend the pregnant hinges of the knee." This was remedied by a French gallant who in 1853 discovered that the emulation of "Hick, Hick, with his hickory limb" was unpopular in French society. He therefore inserted a hinge at the knee. While in the process of active perambulation a strong metal pin prevented flexion of the limb, but when seated the gallant beau would pull the pin and bend the hickory limb with his hand, thus removing the danger of tripping some fair Duchess. On rising, the leg was straightened out, the pin reinserted, and the process of "dot and carry one" recommenced.

We have progressed far from that crude apparatus. The close of the Civil War necessitated the manufacture of large numbers of artificial limbs, and American ingenuity has succeeded in producing an artificial leg which is little short of marvelous. The limbs are made of wood covered with raw-hide which is shrunk on. They are very light, comfortable, and useful. Many persons call them cork legs in the belief that they are made of cork. They forget, however, that the cork leg received its name from a famous city in Ireland celebrated for its artificial limbs.

Artificial hands are, however, not quite so satisfactory. The arms themselves really function very well. Several enterprising manufacturers have, however, succeeded in producing fairly efficient artificial hands which function reasonably well when used with discretion and patience. The intelligent men who are willing to train themselves carefully are able to use these with a considerable degree of satisfaction. The present war has stimulated very greatly inventive genius along the lines of artificial limbs and it is believed that before very long an absolutely

satisfactory hand and arm will be placed upon the market.

All sorts and conditions of men and women find their way into the Medical Division, each with his or her heart full of his or her own particular problem. Here is the widow of a Lieutenant-Colonel, gloriously dead upon the field of honor in France. The next visitor is a hopeful, optimistic boy with tuberculosis of the spine, come to offer thanks for the brace which is relieving his bent back. A huge, hulking, prognathous shell-shock case is next. He is truly shell-shocked, having been blown up with high explosive in Belleau Wood. He has a fancied grievance and his attitude is such as to inspire terror. A quiet, peaceful talk follows in which it transpires that the apartment in which he is living is being remodeled, and the noise of the plumbers pounding on the pipes—"Honest, Doc, it fair makes me nutty." He was sent with an attendant to the newly opened psychopathic hospital at Cape May where he received careful attention and accurate scientific treatment designed to ultimately knit up the raveled sleeve of care.

It is rather interesting to follow this man up. A few weeks after his preliminary interview he was seen again. His whole attitude had changed. He was happy, contented, and announced he was doing splendidly in a business college where he was taking a course at the hands of the Federal Board for Vocational Education.

The next is a shy, timid mother, the lines upon whose countenance bespeak a long, hard, character-making battle with life. Her brown eyes fill with tears as she tells about her son—"A good boy, he really isn't crazy, Doctor. The only trouble is he just hears voices." Admission is secured for this boy to the U. S. Public Health Service Hospital at Dansville, N. Y., and with a few words of consolation this timid little woman, whose aching heart has been somewhat lightened, goes on her way.

A small-town couple from New England were sent to the Bureau by the State Depart-



ment. Their only son, evidently a fine, lovable boy who had been running a small store for his father at the beginning of the war, entered a training camp and disappeared a few days before the final examinations. The mother's attitude makes one feel that she is sheltering her son in his failure. Next he enlists in the Canadian Royal Flying Corps, and after eighteen months of successful flight over the crater-strewn fields of Ploegsteert, he returns to America, secures an aviation position, and then disappears, his route being marked by a flood of bad checks and erratic actions. At one place he purchases a dozen reversible coats and presents them to a friend; at another, he buys fifty parrots, and turns them loose in a church service.

"Can he be admitted to a hospital at the expense of the Canadian Government?"

"Certainly. Where is he?"

They do not know. The Home Service Section of the Red Cross is requisitioned for aid; the country is flooded with telegrams, and twenty-four hours later this poor, shell-shocked boy is removed from a filthy jail and placed in a clean, cool, quiet psychopathic ward.

And so this procession goes on hour by hour and day by day, and one by one these problems of human life are met and solved with kindly sympathy.

The mail is not less interesting. A mother in Virginia writes a four-page letter urging pitifully that something be done for her son, but neglects to sign her name or give the boy's name, address or organization. A boy in a large eastern hospital writes as follows:

"Chief Medical Advisor—I am going to be operated on tomorrow, and I expect to die anyhow, but before I check out I want to tell you that I think you're a dirty bum, and everything connected with your Bureau is rotten."

Immediately follows a reply telling him that if he will make his complaint a little more specific it will be carefully investigated, and expressing the hope that his operation may not be as unsuccessful as he expects. A few days later comes his reply. He seems

to be getting along pretty well. Part of his complaint seems fairly well founded — an over-zealous clerk has refused to pay certain very legitimate bills.

In his letter he says:

"You say the Bureau is interested in the welfare of every ex-service man. Here is a living opportunity to prove it. I am in the hospital flat on my back without any money to pay for the treatment. It is bad enough to be sick, but when one has to worry about bills, well it is Hell."—and closing, "Let me thank you for the prompt manner in which you replied to my letter. Frankly speaking, when I wrote I thought I would be beyond earthly cares in a few days, and that is why I wrote it."

A reply is immediately sent forward. He is told that his hospital bills will be paid, and this is the close of the letter:

"So far as this Bureau is concerned, it is earnestly desirous of giving every one of its beneficiaries a square deal. More than this, it wants to do its work in a human, sympathetic, broad-minded way."

The time once was when letters were not answered as promptly as they are now. In the early days of the Bureau there was such an enormous pressure of work—work which was wholly without precedent in the history of governmental enterprise—that it was not always possible to reply immediately.

Now the work of the Medical Division is and has been for some time absolutely current. Cases which formerly required several days of waiting are now handled by telegram and in the handling of these cases it is an invariable rule to endeavor to give them the personal interest touch.

Here is a rather typical case in the Eye, Ear, Nose and Throat Section. A native of Spain after having completed three years and seven months of service is furloughed to the Reserves. He claims that he was injured in an automobile truck accident and that as a result he is suffering from impairment of vision. Careful examination reveals the fact that he is nearly blind in his right eye; that he is partially deaf in his right ear; is suffer-

ing from nasal obstruction, and that he has a depressed fracture directly over the right eye. As if this were not enough, he has a healed laceration of the left shoulder, the left kneecup, and a sprain of the wrist.

As a result of this claim, he was recommended for a temporary total disability rating, was placed in hospital for immediate relief of his nasal condition, and if this is found to result in part from the condition of his tonsils, these will also be treated. During the time he is in hospital his eyes will be refracted to determine whether or not his vision may be improved by glasses. He will also be carefully examined by expert consultants to ascertain whether or not anything can be done for the depressed fracture over his right eye. He will be kept under treatment until there is evidence that his condition has received the maximum improvement. During this time, advantage will be taken of the opportunity to give him some occupational therapeutics, and as a result this faithful soldier will receive the best which it is possible to give him.

Here is another case. A soldier, while engaged in bayonet exercise, received a wound of the head from the bayonet of the man behind him. As a result he became paralyzed. He could not sit up, walk, or rise without assistance. He suffered from epileptic attacks. He is given a temporary total disability rating, and later if it is shown that his paralysis is not improving, that he is still very nervous, this rating will be made permanent. In spite of all that medical science can do there seems to be no probability of this man's cure. Therefore, he will continue to receive this compensation as long as he lives.

The interesting feature of another case from a surgical standpoint is the fact that the patient had a piece of shrapnel lodged in the base of his skull—received during the violent fighting in the Argonne Forest last October. As a result of this wound, the patient is going blind, and unless surgical measures are taken, this injury may result in the claimant's death. The removal of a foreign body from

this location is an extremely delicate operation. There are few men in the world who are capable of extracting this fragment of steel from the base of the brain.

A telegram is dispatched to a surgeon whose reputation in this class of cases is international, asking if he will undertake this very delicate operation, and upon his favorable reply the patient was sent the breadth of the United States with a special attendant, placed in the only hospital in which this surgeon would operate, in a private room with a day and a night nurse. At the time of writing this article the shrapnel has been removed from the base of this man's brain and he is progressing rapidly to recovery. This would not have occurred had not the Government taken every means at its disposal in the endeavor to prolong the life and save the sight of this brave man.

Here is a Polish-Jew, a tailor in civil life—a good boy who was always lively and liked to sing and read; was ambitious and was educating himself in night school. After a short period of service he found that he could not do his work; that he felt sleepy, but could not sleep; was worried. One night he was awakened by a severe pain in his head, but by morning this pain was better and he went on with his work. That night he could not sleep because he was worried. Finally it became evident that some mental change was taking place in this man, and he was placed under observation.

His mind was at first depressed, and he accused himself of things which he never did. Later he became apprehensive, depressed, worried, and longed for death. It became evident that he was hopelessly insane, and would so remain until relieved by the kindly hand of death. Under a cooperative arrangement with the U. S. Army he was taken to a state institution and there discharged from the Army and committed to the care of the Bureau of War Risk Insurance.

Here is a tuberculosis case—a chauffeur in civil life. He has been referred to the supervisor of the district in which he lives

and he is placed in a sanitarium not far removed from his home. At the last report he was gaining weight and was improving rapidly.

The War Risk Insurance Act requires that the Director shall prepare and adopt a schedule of disability ratings and that this schedule shall be altered from time to time in accordance with experience. At first blush it might appear that this was an easy thing to do. But when the vast number of diseases and injuries and the myriad of ways in which these may be combined, are considered, it is seen that this is extremely difficult of accomplishment in such a manner as to work justice to the discharged soldier, sailor or marine.

As a result, the Medical Division has been obliged to adopt tentative schedules and to utilize these. Almost daily these schedules have to be altered in order to keep pace with experience. When a man has more than one injury, he receives a rating for each and then an additional percentage for the combination.

In the matter of amputations there is a difference between the two hands, and allowance is made for the length of the stump. In other words, an endeavor is made to administer the rating with justice to the wounded man. The loss of the little finger of the right hand, for example, counts as 4 per cent, but the little finger of the left hand in the tentative schedule now being used counts only 1.9 per cent. This rating would be reversed in the case of a left-handed man. If a man has a stiff joint, account must be taken not only of the particular joint involved but also whether the angle of fixation is favorable or unfavorable.

Visual defects are exceedingly difficult to rate. Tables have been made which give a rating for all visual defects and combinations thereof. Ratings can not be given for hazard. To do so would be to involve the Government in endless disputes and would probably work very little benefit to the injured person.

Hearing defects are rated in much the same manner as are visual defects. Considerable

difficulty was met in the formulation of a definition of complete deafness. Since many persons are now made to hear by various telephonic appliances on the market, in rating total deafness the conduction of sound waves by the bones of the skull must therefore be taken into consideration.

The great bulk of the ratings which are given are temporary. This is done in the interest of claimant and Government alike. Later, as soon as a rating can be placed upon a permanent basis, this is done, but not until the case has been thoroughly gone over and the rights of the individual claimant carefully considered. Permanent total ratings are passed on by a board of three officers before they are finally made and every means is taken to see to it that the rating is given with full justice to the ex-service man.

The law provides that any man who has received an injury in the war may apply for a certificate of disability. This is for the purpose of protecting his rights in the event that he may have trouble from his injury in the future. Undoubtedly a considerable number of men are unaware of their rights in this regard and are allowing their year of grace to pass without action on their part. In all probability Congress will see the justice of changing this phase in the law so that men who have allowed their rights to lapse in ignorance may receive this measure of protection.

The problem of hospitalizing the patients of the War Risk Insurance Bureau is an enormous one. Congress has already passed one act authorizing the Secretary of the Treasury to provide additional hospital and sanitarium facilities to meet the necessities of the situation.

This phase of the work is administered by the Bureau of War Risk Insurance using as its agency the United States Public Health Service, which also has at its command the United States Marine Hospitals and the special hospitals which Congress has authorized it to secure by purchase or lease. These include a certain number of temporary



hospitals which were turned over by the Army.

It will be necessary for the Public Health Service to provide additional hospitals to take the place of these temporary institutions as well as special institutions for the care and treatment of mental and nervous cases, the tuberculous and the epileptics. It is evident to even the casual observer that the number of persons who will apply for relief under the various acts will increase for a considerable number of years. Conservative estimates indicate that this increase will be rapid and continuous until at least 1929. The Public Health Service has already created a home for epileptics in Massachusetts, a psychopathic hospital in New York, and an institution for the care of neurosis cases at Waukesha, Wisconsin.

It is not only necessary that many claimants under the War Risk Insurance Act shall be given hospital relief, but in many instances also to give them treatment in clinics. At the present time there are scattered throughout the country a considerable number of these institutions. Undoubtedly it will be necessary to increase them very materially.

It is believed that these clinics will serve a useful purpose as way-stations to and from the hospital. They will prove of enormous benefit in the matter of caring for the convalescent claimants who, while not requiring

hospital relief, should be kept under observation for a considerable number of years.

A few of the necessities in the matter of utilities have been pointed out before. It is equally necessary that the Public Health Service have an adequate personnel with which to meet the very heavy burden which has been placed upon it. That service is fully aware of the necessities of the situation and is meeting them by increasing its regular and reserve corps. The Director of the Bureau of War Risk Insurance has, in addition, appointed a corps of special examiners to operate on a fee basis in various parts of the country. This has been done so that the claimants may receive examinations and every medical attention without prolonged travel.

Before we leave this subject let's go back and have one last look at the Medical Division of the Bureau of War Risk Insurance—that busy place where day in and day out the red fibre jackets travel from room to room carrying their messages of braveries performed, of wounds received, and of diseases incurred for love of country. The work which the Medical Division of the Bureau of War Risk Insurance is doing is as broad as Humanity itself. It touches every angle, every phase of American life and into the performance of these very serious responsibilities there is infused a spirit of broad generous humanity and justice.

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

CANCER A CONTROLLABLE DISEASE—HOW THE WOMEN'S CLUBS CAN HELP.

BY EDWARD REYNOLDS, M. D.

(An Address Before the Massachusetts State Federation of Women's Clubs.)

The local Committee of the American Society for the Control of Cancer welcomes the opportunity of presenting its plea before this meeting with the greatest eagerness because

we believe that there is within the territory which we are expected to cover no body of individuals which have the power to help our campaign as much as it can be helped by the members of the Women's Clubs if they will take hold with us. You ladies represent an enormous number of women who have been in effect automatically selected from the community as the possessors of intelligence and public spirit. The matter which we wish

to bring before you is one which is of interest to both sexes and which must be taken up by both sexes, but it is perhaps of even greater interest to women than to men, and more-over in this, as in many other movements, the community depends primarily on the keener sympathies of women, on their more active public spirit, and incidentally upon the greater aggregate of time which upon the average they are able and willing to devote to public work, as compared with men.

#### *The Importance of the Cancer Problem.*

Cancer is today the most destructive of all the diseases of adult life. Its actual mortality, not only in the United States, but all over the civilized world, has been shown to be greater at all ages than that of any other cause of death except heart diseases, kidney diseases, pneumonia and tuberculosis. Among adults its mortality is greater than even that of tuberculosis. Cancer attacks its victims at the time when they are in the most productive period of life, at the time when others are dependent upon them, and when they can least be spared. Of those who have attained the age of forty, one individual in every ten, one man in every fourteen, one woman in every eight, dies of cancer. This mortality is in large part preventable. We might ask—If this mortality is not checked how many in this room will die of cancer? In speaking to you, picked representatives of an intelligent body, we perhaps need not hesitate to put the question in this form. In speaking to the less intelligent, it is better that we should use the form—This mortality can be checked. If it is so checked, how many in this room will have been saved from cancer?

#### *A Message of Hope.*

Cancer is a controllable disease. Our scientific knowledge of its origin and methods of dissemination is still on many points imperfect, but our practical power of arresting its onset in an individual case is already good. Its mortality and the suffering which it causes are both for the most part unnecessary and preventable. We believe that from

three-fourths to four-fifths of the deaths from cancer with their attendant suffering could be prevented if all the medical profession were imbued, as they soon will be, with our latest knowledge of the disease; and if all the laity were familiar, not with the dreadful symptoms of the disease in its latest stages which need not be mentioned to them, but with the trifling danger signals which contain the warning of its threatened onset in an individual—of its probable appearance in the future if it is left unchecked. For their own safety every member of the laity should know what these danger signals are. The statement that cancer is controllable, a plain, reasonable and reassuring statement of its natural history and nature, so far as that is assuredly known, and a detailed statement of the warning symptoms, is our message to the community. We wish to spread it throughout all classes in the community and we appeal to you as intelligent and progressive women not only to help us spread it among your own membership and to those who are dear to you, but also by your work and efforts with us to assist in spreading it to the less fortunate placed in the community.

#### *The Society and Its Work.*

The American Society for the Control of Cancer is a body composed of lay men and women from all over the country, together with a large number of members of the medical profession. Its aims, purposes and methods of work have been approved and endorsed by all the leading medical associations of national scope and by many others. It has two purposes, the attainment of further knowledge of the nature of the disease, and the dissemination of the practically useful part of that which we already know.

We are asking you to aid us in this great campaign. It is important that you should know its mechanism and its methods. The Society is a national one; it is indeed of continental scope. Its executive offices are in New York and that city is the headquarters of its salaried workers. It has organized and is organizing local committees in the several

states and localities of the Union and of Canada. It is in affiliation with all and is already in active cooperation with most of the nearly sixty existing independent agencies devoted to the cancer campaign which have sprung up all over the Union. It aims to coordinate all their activities into one concentrated campaign, in which effort it has met with no opposition, and is attaining great and increasing success. Its efforts toward the acquisition of greater knowledge on the origin and methods of dissemination of the disease are carried on by committees of experts in collaboration with the many existing research organizations. Its campaign for the education of the less progressive members of the medical profession is one of the functions of the central office in collaboration with special cancer committees of the State Medical Associations. Its campaign for popular education is the chief and peculiar function of its local organizations.

The multiplication of independent working bodies involves so much danger of duplication of work, of waste of time, and lack of concentration of effort, that it is our plan to make our local representations committees of the central body in close correspondence with it, and moreover to make them as few, and each of them as widespread in its activities as may in practice prove feasible. For instance, the so-called Boston Committee is expected to cover as much of Southern New England as may prove practicable. We began our work in Boston and now wish to extend it to other communities in our district, taking them up one by one as centres of interest develop. We ought in the end to be able to do as full and thorough work in each of the many communities throughout this section of the country as we are doing and hope to do in Boston.

#### *Meetings on Cancer.*

In starting the campaign in any district it has proved most practical to select a large city as the starting point, as for instance, Pittsburgh, Boston, St. Louis, San Francisco, etc., and inaugurate the campaign in each

place by a large public meeting to which carefully prepared publicity has been given, and at which detailed statements of the possibilities of the control and prevention of cancer, and of the hopefulness of the disease when attacked properly are set forth by speakers furnished by the Society, together with a careful statement of the warning symptoms which characterize the early stages of the disease.

At such meetings bulletins giving the necessary information in brief form are distributed to the audience. These bulletins have been carefully prepared by the Executive Council of the Society, which contains in its membership distinguished pathologists and surgeons from all over the continent. Everything contained in each bulletin has been assented to by every one of these authorities after prolonged discussion of its matter and form, and they may therefore be regarded as reliable and authoritative.

Each such meeting has rendered it possible for us to gather together a committee which was willing to undertake further work in that city; such for instance as the detailed instruction of local nurses and social workers, who, if furnished with the necessary information, are peculiarly qualified by their work to spread it through the community, and who are able to save countless lives and suffering by the detection of individual cases in which the disease is still in the stages in which it is easily curable and in which without their aid it might readily have become hopeless cancer. These committees are also charged with the enlistment of local health authorities in the campaign, with inducing the local press to give publicity to the carefully prepared and authoritative popular articles which the Society prepares weekly, with the organization of further meetings before other bodies, and with other kindred activities. The Society will attempt to provide speakers for any meetings which may be organized.

It is only by detailed work of this kind throughout the country that the ravages of this disease can be put an end to. It is our



plan to extend such work into the smaller municipalities and towns by association with the central local committees, such as the Boston Committee which is now appealing to you, of subcommittees in each of the other localities in its district, the members of which, or some of the members of which, will be members of the Boston Committee and work with it. Such subcommittees should contain members of the local medical profession and the leaders in philanthropic work, both men and women.

### *An Offer of Cooperation.*

In the perfection of this organization, in the spread of the message of hope, and in the bringing of individual cases to relief, we could have no better aid than that of the Women's Clubs in each locality. We ask of you that you will lay before the Clubs which you represent the opportunity which is afforded them not only of learning for themselves and for those who are dear to them the means of escaping this disease, but their opportunity for distributing this information to others who are less fortunately placed. To any of your Clubs which are interested to hold a meeting we will send speakers and if the Club proves, as our experience justifies us in saying most of them will prove, to be sufficiently interested, we will ask individuals among it to aid in instituting further local work in its community.

We would warn you of one obstacle; our experience has been almost uniform that after the first meeting in a given community we have always heard from numerous individuals who have stated that they would have been interested to go but that they feared the subject would be so disagreeable that they have been unable to face it. In practice it has uniformly proved that those who have attended have found the talks so reassuring that the others have regretted that they had not gone, and that there has frequently been a request for a second meeting from the same body, even though the first has usually been well attended. We have learned to put in a

word to this effect in advance, and would urge this upon you.

No one of the public health movements has met with greater interest, no one promises more to the community than this. May we have your help in promoting it?

### PROPAGANDA FOR REFORM.

FORMALDEHYDE TABLETS. — During the recent influenza epidemic a variety of tablets or lozenges were advertised which were claimed to owe their asserted value to the fact that they contained formaldehyde and liberated it on contact with the saliva. Tablets containing hexamethylenamine or other formaldehyde compounds can neither cure respiratory infection, nor even confer a protection against such infection. To be effective, formaldehyde would need to be supplied to the entire respiratory tract continuously for some time, or else in concentrations that would be distinctly irritant and damaging to the tissues. Some years ago, the Council reported on the inefficiency of Formamint, which was said to be an efficient germicide by virtue of the liberation of formaldehyde on contact with the saliva. To call attention to the inefficiency of this form of medication, the Council on Pharmacy and Chemistry now reports that the following were found inadmissible to New and Nonofficial Remedies: Hex-Iodin (Daggett and Miller Company, Inc.), Formotol Tablets (E. L. Patch Company) and Cin-U-Form Lozenges (McKesson and Robbins). (*Jour. A. M. A.*, October 4, 1919, p. 1077.)

P. PRESTO COMPANY. — This company, also known as "The Presto Manufacturing Company" and "The Presto Company" was a mail order concern operated from Albany, Oregon, by one Edward F. Lee. Lee is now in the penitentiary, and the Presto Company has been debarred from the United States mails. Lee's business was that of selling on the mail order plan what he termed his "New Method Treatment for Sexual Weakness and Variocele in Men." (*Jour. A. M. A.*, October 25, 1919, p. 1302.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

J. HARRIS Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and

Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Su-

wance and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:

Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter

Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:

Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and

Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam

Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington

Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.

L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:

W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGLETT, M. D. . . . . Cocoo

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting — DAYTONA — May, 1920

## THE ASHEVILLE MEETING OF THE SOUTHERN MEDICAL ASSOCIATION.

The meeting of The Southern Medical Association, held in Asheville November 10th to 13th, will go down in the history of the Association as the most successful ever held. The registration of those in attendance, something over twelve hundred, was not as large as that of some previous meetings, but there was "a something in the air" that augurs well for the future of the organization. Never was there a more successful and enthusiastic meeting of medical men congregated in the South, or elsewhere for that matter.

Florida had only a fair representation, but probably a larger one than at previous meetings. It is to be hoped that every member of The Florida Medical Association will join "The Southern Medical" before another year rolls by. We go to Louisville, Kentucky, next year—another incentive to "join and go." Ask those that went to Asheville this year if they are going to Louisville next year.

G. E. H.

## JOHN D. ROCKEFELLER'S GIFT.

The gift of \$20,000,000 for the improvement of medical education in the United States by Mr. John D. Rockefeller is most timely. The official announcement of the gift says the income is to be currently used and the entire principal is to be distributed within fifty years. Mr. Rockefeller appreciates what few laymen have been made to see, *i. e.*, that in modern times it takes a mint of money to properly equip medical colleges and laboratories, also that the finished product (the real physician) should have the best possible training possible to give the human mind. Florida should be proud indeed to have this great man as a regular winter resident. The medical profession of Florida should by some act let Mr. Rockefeller know that we value his citizenship. Mr. Rockefeller has made a great study of properly giving where it will do no harm and none of us can know really

how greatly this must concern Mr. Rockefeller. The demands upon him are enormous and the chance of doing real mischief are in proportion. The great work that has and is being done by the Rockefeller Foundation is apparent to us all. Even though many do not agree with his methods, none can say that he is not clear-headed and farsighted and a leader in the world's philanthropy. F. J. W.

---

### INFLUENZA.

The suffering and loss of life that characterized the influenza epidemic of last year are still vivid in the minds of physicians and the public, and there is much speculation as to the extent to which influenza will appear during this fall and the coming winter, and what measures are of value in its prevention. In the anxiety to do everything possible to lessen the anticipated danger, it is important to maintain a judicial attitude in evaluating any proposed method of prophylaxis, and to inquire carefully into its merits before recommending it for general public use. If we may judge by the experience of the past in other epidemics of influenza, or, indeed, in epidemic in general, a considerable incidence of influenza may be anticipated during the coming fall and winter. During the past spring and summer there have been scattering cases, for the most part mild, or at least not usually complicated by the fatal bronchopneumonia of last winter. While opinion as to the degree of immunity conferred by one attack of influenza is not unanimous, there are many facts that appear to support the view that one attack does confer immunity to the disease. If this view be accepted, it may be assumed that the epidemic of last year, which affected perhaps 30 per cent of the population, presumably conferred an immunity on a large proportion of the susceptible persons, and that therefore a recurrence of the epidemic of the same magnitude is very unlikely. On the other hand, no doubt there are a number of persons who escaped infection last year, but who through changes in resistance, or by accident of exposure, will

suffer from the disease this year. It must not be forgotten that infections resembling and possibly identical with influenza, or la grippe, are with us practically always, especially in the winter, and there is a great temptation at such times to call any sickness that has not a definite entity "influenza." Conditions that are ordinarily called "colds" are now being given the more popular name "influenza."

The practical value of vaccines in the prevention of influenza has been much debated. In one group are those who are enthusiastic over the alleged success of vaccines in the prevention of influenza, citing numbers of instances in which persons did not become ill from influenza following prophylactic injections, and in which those who did become ill suffered less severely than others not injected. In another group are those more conservative, who present carefully studied series of persons who had been vaccinated, with like numbers of unvaccinated controls, and point out that the incidence of the disease was practically the same in the vaccinated as with the unvaccinated persons. The conclusion seems unavoidable that the efficacy of vaccines in the prevention of influenza is still unproved. The virus of influenza is not as yet discovered, and thus further doubt is thrown on the probable value of vaccines whose action, if any, would be nonspecific so far as influenza itself is concerned.

How, then, shall we answer the many queries of patients as to whether they shall be injected with vaccines or what they shall do to avoid falling victims to the disease? Certainly they should not at present be led to believe that by submitting to vaccination they can hope to acquire immunity in any degree comparable to that resulting from anti-typhoid inoculation. Until the value of prophylactic vaccines is clearly proved, they should not be recommended to patients as a sure method for the prevention of influenza. The question as to the value of vaccines in the prevention of infectious diseases of the respiratory tract other than influenza is still under investigation. Other procedures, such as good ventilation, cleanliness and hygienic



measures in general, are of value in that they contribute to good personal and home hygiene. But no one of them is all important to the exclusion of the others. There is no scientific evidence that gargles and sprays, no matter what drug may be used, are of value, except as temporary cleansers. There is one point in regard to influenza, however, on which there is general agreement: The pulmonary complications of influenza, which make it so serious a disease, may be avoided to a large extent by rest in bed at the onset of the illness. Influenza itself is not usually fatal, and general insistence on the importance of rest and warmth at the onset of illness will accomplish more than all else in preventing complications and reducing fatalities from this disease.—*Jour. A. M. A.*

### THE MENACE OF THE PLAGUE.

We are reminded by two recent events in widely separated parts of the United States what a serious menace is held over us by the smoldering of the plague in various places. October 29th, while the American Public Health Association was meeting in New Orleans, a death from plague occurred in that city, and more cases have been reported since. This was the first human case reported in that city for several years, and plague-infected rats have not been found for some time. A still more ominous occurrence is the recent epidemic of plague in Oakland, Cal. The first case appeared, August 18th, in a squirrel hunter, and was followed by thirteen cases of the pneumonic type, twelve of them fatal. Three of the patients, including the original squirrel hunter, were treated at home throughout their illness, with no precautions. The others in whom the identity of the infection was recognized were either hospitalized or completely isolated. The last death in this epidemic occurred on September 11th, since which time no further cases have developed. It is inevitable that a certain sense of insecurity will be caused by these events, and that redoubled effort will be made to minimize the danger of squirrel

plague infection. The Oakland epidemic suggests the unpleasant possibility of a more widespread outbreak of pneumonic plague where climatic conditions are favorable. It does not seem to be outside the range of possibilities that sooner or later the plague may win a foothold among the rats in the slums of some of our large Northern cities. If this happens, human pneumonic plague must evidently be looked on as a possible sequel.—*Jour. A. M. A.*

### POLITICS PLAYS WITH PUBLIC HEALTH.

The dictum of Disraeli that the care of the public health is of primary importance to the state seems frequently to have been taken by the politician to mean that positions in the public health department are primarily for his disposal. Newspapers coming from Hawaii indicate that the game has been played in that territory with all the old angles. About a year ago a new governor was appointed. At the time of his appointment the executive head of the public health department was a man who had been in public health work in Hawaii for some twenty-five years. During the time of his incumbency an organization was established that prominent public health authorities appraised as probably equal to any health department in the United States and better than the majority. The new governor removed the incumbent and appointed as head a business man—to be specific, a salesman of automobiles. According to the newspapers, the qualifications of the new health official soon were taxed to the utmost and he found himself somewhat in the position of a driver who holds the wheel on a car after the steering knuckle has broken. In an attempt to get out from under he involved himself with a local health officer, and according to the Honolulu papers the governor is now looking for a new head for the health department. One of the requirements is that he shall not be a business man—a knowledge of automobiles will not be considered necessary.—*Jour. A. M. A.*

### THE ALLEGED FOOD VALUE OF SACCHARIN.

Not long ago attention was directed in *The Journal* to the subject of physiologic oxidation and its alleged relation to certain catalytic properties of the tissues. The latter, and particularly the blood, are capable of liberating oxygen from hydrogen peroxid by an enzyme-like reaction which has been ascribed to "catalase." It has been assumed by a few investigators, notably Burge, that a measure of this catalytic power of the tissues is an index of their metabolic activity. We need not reiterate here the criticisms of this view which have already been advanced, notably by Becht. He remarks that since the catalytic power of the blood varies between enormously wide limits under the same conditions, it is unlikely that the catalases are important and that the measurement of them can explain "the mysteries of the processes of oxidation." One of the factors particularly advanced by Burge in support of his theory was the asserted increase in catalase noted as the accompaniment of features known to promote metabolism. Stehle has repeated the studies at the University of Pennsylvania School of Medicine without finding the parallelism on which the catalase theory of metabolism is based. He observed that the fluctuations in the catalase content of the blood are due to variations in the number of red cells. Consequently, Stehle notes, it is simpler to regard the catalase content as dependent on the number of erythrocytes than to assume any direct relation between catalase and biologic oxidations. Among other compounds, Burge has ascribed to saccharin the property of increasing the catalase content of the blood. Correlating this with an increase in metabolism, he concluded that saccharin exhibits advantages characteristic of foods that are known to augment metabolism. Despite the fact that the doses used by Burge in his experiments amounted to 5 gm. per kilogram of body weight and thus far exceeded any dietetically significant quantities, his seeming approval of the effect of these enormous doses of saccharin was

promptly made use of by certain advertisers to promote the use of this chemical substance in the diet. Stehle has disposed of the assumed basis for this undesirable propaganda by what amounts essentially to a denial of the claims made. The advocacy of saccharin as a food can no longer pose in the garb of scientific proof.—*Jour. A. M. A.*

### AN APPEAL FOR HUMAN EMBRYOLOGICAL MATERIAL.

WILLIAM W. GRAVES,

St. Louis.

In 1906 I observed certain malformations of the human shoulder-blade, and in contributions to current literature I have given them the collective name, "the scaphoid type of scapula," and pointed out some of its hereditary, clinical and anatomical significance.

Probably the most important observation connected with this type of scapula in man is its age incidence, that is to say, it occurs with great frequency among the young and with relative infrequency among the old. There appear to be two possible explanations of this fact: Either (a) one form of shoulder-blade changes into the other during development and growth, or (b) many of the possessors of the scaphoid type of scapula are the poorly adaptable, the peculiarly vulnerable, the unduly disease susceptible—the inherently weakened of the race.

I have attempted to answer these questions by seeking evidence in various directions and one of the most important of these has been a study of intrauterine development of shoulder-blades. My investigations in this direction have been limited by the material at my disposal, which has been inadequate for a definite solution of this phase of the problem. I am, therefore, appealing to physicians for fetuses in any and all stages of human development.

It is desired that the material, as soon as possible after delivery, be immersed in 10 per cent formalin in a sealed container, and be forwarded to my address; charges collect.

Due acknowledgment will be made to those forwarding material.

727 Metropolitan Building.

### NEW AND NON-OFFICIAL REMEDIES.

**TYPHOID PARATYPHOID BACTERIAL VACCINE, IMMUNIZING-GILLILAND.**—Marketed in packages of three 1 c.c. ampules, one containing 250 million each killed paratyphoid

A and B and 500 million killed typhoid bacilli, and two containing 500 million each killed paratyphoid A and B and 1,000 million killed typhoid bacilli, and in packages of three 1 c.c. syringes, one containing 250 million each killed paratyphoid A and B and 500 million killed typhoid bacilli, and two containing 500 million each killed paratyphoid A and B and 1,000 million killed typhoid bacilli. Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, October 11, 1919, p. 1137.)

### PUBLISHER'S NOTES.

#### KEEP THE HOME FIRES BURNING.

Before the war the United States was dependent on foreign sources, chiefly German, for supplies of chemicals, dyestuffs, drugs, optical glass, chemical porcelain, surgical instruments, and scientific instruments of several sorts. Until importations stopped, we did not fully realize our helplessness and weakness. Now we know and are resolved to make, at home, all the things which, before August, 1914, we had to have from Germany or go without. As Secretary of Commerce Redfield says, "We should never again find ourselves in the position that developed in the early part of the war, where needing many things, we found ourselves making almost none."

The making of medicinal chemicals is an essential industry both in peace and war. The United States has the materials, and the scientific knowledge, the equipment and the

capacity to compete with the best medicinal products of foreign manufacture.

The United States Federal Trade Commission and the Chemical Foundation are making it possible for American manufacturing chemists to produce, in this country, those products which, until the war, were controlled in Germany.

Among these products are Barbitol, introduced as Veronal; Procaine, introduced as Novocaine, and Cinchophen, introduced as Atophan.

The Abbott Laboratories of Chicago have done splendid pioneer work in producing these and other products used by the medical profession and hospitals. If made worth while, they can always find the fuel to keep the home fires burning.

Booklet giving indications for and dosage of Cinchophen will be sent on request to The Abbott Laboratories, Chicago.

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



# This Is a Weak Foot—

A Condition  
Most  
Prevalent  
Among  
Women



The fashionable types of shoes, pointed-toe hosiery, excessive use of the feet in walking or standing, pregnancy, heavy weight bearing, etc., are responsible for the vast number of cases.

Remove predisposing cause and apply mechanical treatment and corrective foot exercises. It will help you to build a reputation in your locality. These foot troubles are found everywhere.

Successful orthopedists and general practitioners are prescribing

## *Dr Scholl's* *Corrective Foot Appliances*

which have now been placed in leading shoe stores and surgical instrument houses throughout the country.

These dealers have also been in-

structed in the proper method of adjusting appliances to the foot and shoe in accordance with the principles of the inventor and designer, Dr. Wm. M. Scholl.

Write for Pamphlet—"Foot Weakness and Correction for the Physician," and chart of corrective foot exercises. The subject will amaze you.

The Scholl Mfg. Co., 213 W. Schiller St., Chicago, Ill.

NEW YORK

TORONTO

LONDON

# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, December, 1919

Number 6

## ORIGINAL ARTICLES

### THE QUALIFIED NURSE.\*

JOHN E. BOYD, M. D.,  
Jacksonville, Fla.

The qualified nurse is a mountain of strength to the sick and suffering and an honor to a noble profession; the right hand of the doctor and a life belt to the bereaved family.

The standard of nurses' training schools in general needs to go up. Much has been accomplished in the past few years, but much remains to be done, and it is the business of the qualified nurse to do it.

The most important advancement in the standard of the medical profession was marked by the rating of medical colleges by the American Medical Association.

Today it is almost impossible for a medical college to exist that does not maintain a standard of efficiency sufficient to be rated in "A" class. This can be seen at a glance. A young man beginning his life's career cannot afford to handicap his early reputation or source of existence by exhibiting to the public a diploma from an institution rated below par. If he does, he is primarily criticized by his medical brothers and very soon the public begins to question his proper training for the practice of his profession, and such questioning always is to his detriment. This handicap to the individual will, as you can readily see, decrease the patronage of such colleges and they are forced to either raise their standards or go out of existence through lack of patronage.

When the Nurses' National Association adopts a similar method for raising the standard of the training schools throughout

the country, the qualified nurse will be more easily found.

The nursing profession is growing in personal dignity and in the respect of the public every day. It has long since discarded its swaddling clothes.

The time was, not so very many years ago, when the layman hired a nurse to relieve other members of the family from arduous and often disagreeable duties, or because there was no one else to do the work. The nurse looked after the patient, took care of the house, and very often cooked the meals. She was looked upon as "hired help" and treated accordingly. However, at that time she filled the position to which she had attained. The nurse, not a great many years ago, was some young woman, without even a common-school education, forced by circumstances to work for a livelihood. Her time in the training school had been put in, in scrubbing floors, bathing patients, serving food and carrying medicine about of which she knew nothing. She was taught to count pulse, take temperatures and give enemas. Beyond that the only requirement for a diploma was her services for two years. Compare this with what is required today by the best training schools.

A qualified nurse must understand the anatomy and physiology of the body; she must have a good knowledge of drugs, their action on the human body, their dosage and their intelligent administration; she must understand hygiene and prophylaxis; she must have a working knowledge of pathology and its effects on the tissues of the body; she must be familiar with physical signs and symptoms. She is no longer let by with a knowledge of how to count pulse rate; she must have an intelligent under-

\*Read before the Florida State Nurses' Association, at Jacksonville, November 19, 1919.

standing of the pulse itself, its quality, tone and regularity and what changes in these mean; she must learn surgical asepsis and the conduct of surgical operations; she must be an intelligent woman with a liberal literary education in order to qualify for the training. When she walks into a house now she is looked upon and respected for her knowledge. The family takes her into the bosom of their home and lean on her for encouragement and the protection of the sick member. The doctor, at the time of his visit, receives an intelligent survey of all the symptoms occurring since his last visit and is therefore better able to diagnose the disease and more intelligently treat the patient.

This qualified nurse is the ideal of a great profession and deserves a standing in her community second to none.

Honest criticism is wholesome, providing it is constructive and not destructive. I wish to ask you young ladies gathered together here in the interest of the nursing profession in your state, how many qualified nurses are there among your numbers? I don't propose to put my head in the pillory by hazarding an opinion, but I am going to be bold enough to say that there are some who do not meet the requirements. Alright, you say, what is the remedy? Let us hear your constructive criticism. My reply is, Deal with the problem generally. You cannot do anything with the unqualified nurse already in your midst or the others of the same calibre that are coming into your state each year until you raise your standards. Give, at least, as much thought and attention to raising the nursing standard as you do to raising your pay. I have two general remedies to offer you: First and foremost, elect none but the most intelligent of your nurses to membership on your board of state examiners and do not hesitate to remove one if she is too lazy to work or too indifferent about her profession to care about its standard. Secondly, interest yourselves in the training schools in your own state. Those of you who have given this matter any thought know as well I do that all the nurses' training schools in this state

are fighting an uphill battle. Young women are being accepted that cannot meet the requirements for entrance. No one realizes this more than the heads of these schools, but at present they are forced by circumstances to accept them.

Not long since a recent graduate called on me in my office and, between her anxious efforts at masticating some chewing gum, finally made me understand that she thought "it is perfectly awful to expect a girl just out of school to go clear to Tallahassee to appear before the board; there ought to be a board in the place I graduated. I don't care, though, because I am going to get married, but thought I would make a little money first. Have you any work for a nurse, etc." Is she a qualified nurse? Young ladies, even *one* of this type is too many and it is your responsibility to efface even that one or as many as there may be among you. I have lived in this state twenty years and during that period have seen enormous strides in the standard of the medical profession of the state. I was at the biggest medical training camp in this country for seven months and there I had the pleasure of seeing the Florida doctors stand second to none. Who is responsible for this? A few medical men of high ideals and inexhaustible energy. They fought, legislated, worked and spread medical propaganda until the standards went up and the average doctor in their midst had to be qualified. It took years to do this. It will take you years to get your standard on the same plane, but you can do it and only the qualified nurse is competent of doing it. A nurses' state association and a nurses' board of examiners is a big step forward, but you cannot stop there. You have to realize that the large proportion of nurses in this state are going to come from the training schools in your state. I am in a position to know that the training schools wish to raise their standard and if there are any that do not, the sooner they are pinned to the mat the better for the profession.

The world has just come out of a big struggle where all the best in the country was



given to the one thing and it was easy for the unqualified to succeed. The struggle is over and the world is readjusting itself.

The qualified nurse will come into her own and I for one want to see this state rated class "A." Do not think for one minute that I am talking to the nurse who has had all the advantages and been started out qualified.

If there are those present who are handicapped by poor training I say to you, you can learn to qualify with the best, but you cannot do this with idle hands and minds filled up with pleasure and gossip. Go to work. Some of the greatest authorities in the country are self-taught. If you are not willing to work and improve your mind, I hope the nursing standard in Florida will force you clear out of the state.

I dare to stand here and predict that the day is not many moons away when the qualified nurse is coming into her own. Just at present no general distinction is made between the qualified nurse and the false imitation. To state plainly what I mean—the qualified nurse is going to be remunerated in accordance with her qualifications, just as is done in the medical profession. All professions, as well as trades, have a standard of fees for their guidance, but the nursing profession stands alone in having one fee for all cases, all graduate nurses and all nursing. There is no more reason or sense for this state of affairs in your profession than in any other. As a matter of fact, it is one of the worst handicaps the nurse has to contend with. Ambition is the keynote of success and the two preeminent spurs to ambition are reputation and earning capacity. The road to reputation, of course, is open, but at present it is reputation without adequate remuneration, which is both unfair and unjust. The remedy for this will be found in the qualified nurse and particularly in those of this class who, by their superior intelligence and professional equipment, force a proper recognition from the world and with that recognition a proper remuneration for the knowledge they bring to their patients.

Pioneers, individuals of big brains, big

souls and big bodies; martyrs, ready to sacrifice themselves for the honor and glory of their profession, furnish the necessary means to an end. These self-sacrificing individuals in the nursing profession are already at work. I may not know them and you may not recognize them, but none the less they exist. Some will never be known; others will obtain recognition only after they die; some others will enjoy more glory than they deserve, but such is the way of the world, and properly so. No great undertaking deserves to succeed without honest toil and personal sacrifice; otherwise it could not endure.

I also foresee and prophesy the "specialist" among the qualified nurses. Right here I crave your indulgence for airing my own views. A specialist, to my mind, is a man or a woman who, through long years of trial and intensive study in his or her profession as a whole, has gradually distinguished himself or herself in one particular branch of that profession, and in that way only justified the esteem and confidence of the public at large and more especially the respect of the individual members of his or her own profession. I am old-fashioned enough to believe that a college or training school or a post-graduate course of a few months can not and does not turn out a real "specialist." Some of these embryo "specialists" become real "specialists" after years, but such a "specialist" always lacks the broad vision of the individual that has labored for a time in his or her profession as a whole. Personally I would love to live in the day of the nurse "specialist." She is coming, and the real one will surely and certainly come from the ranks of the qualified nurses.

Only a part of what I feel and hope for the qualified nurse has been said. I must not encroach on your good nature, so I close this paper by saying: "All honor and glory to the qualified nurse. May she grow to her real standing in the world of professions and may the Florida qualified nurse prove to be among the pioneers and shining lights of that nursing profession."

THE TREATMENT OF ECTOPIC  
GESTATION.\*

THOMAS TRUELSEN, M. D.,

Tampa, Fla.

It is quite generally agreed that, a diagnosis of ectopic gestation having been made, the patient should be enjoined to rest in bed, to avoid all exertions that might possibly bring about the rupture of the gestation sac; and that without delay abdominal section should be arranged for.

No such unanimity, however, exists in caring for a case after rupture has taken place. Opinion and practice is divided between immediate operation and watchful waiting for a more opportune time for the surgical intervention.

Polak believes the operation should be postponed until the patient has recovered from the shock incident to the hemorrhage following the rupture. He says, "Almost all of these patients will 'come back' with rest and morphine." They are given an initial dose of one-half grain, followed by one-fourth grain every three hours, until the respirations are reduced to from eight to twelve per minute. The following procedure is adopted in his service: (1) The patient is put in the extreme Trendelenburg position; (2) a hypodermic injection of morphine with atropine is administered; (3) the pulse is counted every quarter of an hour; (4) the blood pressure is taken until it reaches 115; (5) neither saline nor stimulants are given. With the pulse down to 120 per minute and the blood pressure up to 115, it is considered safe to operate. He states that he has yet to see a case which has not reacted and become a safe operable risk under this treatment.

Others contend for an immediate operation for all cases. Shock is assuredly no contraindication to the immediate operation, contends Ladinski. "On several occasions," he says, "I have operated when the patient was unconscious and required no anesthesia,

either general or local. It is my firm belief, justified by the results obtained in the cases of extreme collapse, that, if the operation is performed with ordinary skill and rapidity, the additional shock will be so slight that it cannot be held responsible for a single death, especially if infusion or transfusion is resorted to as soon as the abdomen is opened."

Ladinski's contention for an immediate operation has much to commend it. He says that cases of ruptured ectopic gestation present such a multitudinous variety in their course and termination that it is impossible to say from the signs and symptoms in a given case whether the hemorrhage will cease or continue, or become more profuse. The presence of blood in the peritoneal cavity is an important element in the vasomotor paralysis and shock. The longer the patient is allowed to bleed, the greater is the depression and the more profound the shock; and this regardless of the amount of blood lost. Also the recuperative power of the patient after operation depends more on the duration of the hemorrhage and shock than on their intensity at the time of the operation. For these reasons, says Ladinski, he cannot subscribe to the doctrine of deferring operation and trusting to chance, the inevitable result of which is rapidly to diminish the margin of reserve strength of the patient. Nor can he see the wisdom of the rule of watching the patient with the view of postponing operation when she is improving, and operating when she grows worse. If the patient's condition improves without operation, there can be no question that she will be better off because of the operation; and to wait until the patient grows worse entails an unnecessary loss of very precious moments that may mean the possible sacrifice of life.

Each of these two plans presented has its advocates and partisan statistics. A recent report by Bongy is based on a series of cases during the past eight years.

Previous to 1911 his cases were treated without surgical interference until the patients had recovered from shock; since that time the majority of them have been operated

\*Read before the Hillsboro County Medical Society, November 11, 1919.

upon as soon as possible after their admission to the hospital. A comparative study of the two series of cases shows very little difference in final results. In both series the morbidity and mortality were about the same, unless it is assumed that some of the patients who were operated upon at once would have died if left without operation. He believes it is not yet possible to state which is the better plan of treatment. On the other hand, as long as it is impossible to foretell how soon hemorrhage may prove fatal in any given case, he thinks it is proper to operate without delay in the greatest number of cases.

#### TECHNIC.

In deciding on an operative procedure in ectopic gestation it is necessary to bear in mind several of its clinical classes.

##### *I. Cases Before Rupture.*

A careful survey of the operative field and surgical judgment will determine whether the tube alone shall be removed or whether it is necessary to remove the ovary also. Because of its friability in ectopic gestation very little traction should be made on the affected tube. To manipulate the parts for position it is best to grasp the ovary and not the tube. If it has been determined to remove the tube and ovary, their outer and inner blood vessels must be secured, after which the wedge between the clamp is removed. The bite held in the clamps is next securely ligatured and the stumps brought together. This operative work is comparatively simple. In the removal of the tube alone matters are not quite so simple. The tubal branch of the ovarian artery and the tubal branch of the uterine artery must be carefully clamped so as not to include or interfere with the ovarian blood supply. Care must also be exercised in ligating individually the vessels of the mesosalpinx.

After the tube is removed, the ovary is suspended by suture of the infundibulopelvic ligament to the round ligament and the raw surface at the top of the broad ligament peritonealized by whipping the mesosalpinx

and round ligament together. Aside from the greater technical difficulties in removing the tube alone, we must bear in mind that the danger to subsequent hemorrhage, especially at the time of the next menstruation, is greater after this procedure than after removing tube and ovary together. A diseased ovary or the absence of the ovary on the other side, however, must determine us to assume these increased difficulties and risks.

##### *II. Cases with Repeated Moderate Intra-peritoneal Hemorrhage.*

This class comprises the majority of cases met with. Repeated hemorrhages with attacks of pelvic pain and marked abdominal tenderness over a variable period of time bring these patients to us. On opening the abdomen will be found free blood and clotted blood. Usually a dark, discolored peritoneum presages its presence. Frequently a mass of variable size will be found connected with the tube and ovary, manipulation of which will often cause a profuse hemorrhage. It is therefore advisable, after having determined the extent of the resection to be done, to secure the appropriate blood vessels before any attempts are made at enucleating the mass. The further technic is essentially the same as in the previous class. Blood clots should be removed, but it is not necessary to sponge up the free blood. Drainage is not only not necessary but is actually harmful because it often determines an infection. Before closing the abdomen, a quantity of normal salt solution may be poured into the abdominal cavity if a great quantity of blood has been lost.

##### *III. Cases with Profuse Intra-peritoneal Hemorrhage.*

These cases, fortunately, are not very numerous, but their tragic aspect is always alarming, and their gravity at once demands a decisive plan of procedure. The two plans of treatment discussed in the beginning of this paper should be recalled and either one or the other instituted as dictated by circumstances and judgment. The technique of the



operative treatment, either immediate or later, is the same as discussed for previous classes of cases.

#### *IV. Pelvic Hematocele and Hematoma Cases.*

By a pelvic hematocele is meant a collection of blood low down in the cul-de-sac. It is shut off from the general peritoneal cavity by plastic exudate and adhesions. By a pelvic hematoma is meant a collection of blood between the layers of the broad ligament.

Cases of pelvic hematocele and hematoma should be put to bed for a week or ten days and carefully observed. Nature will very often take care of the accumulation of blood and exudate, and satisfactory progress will assure a recovery without operation.

Sometimes, however, the absorptive process haults, or evidences of active or recurring hemorrhage become manifest, or the embryo and membranes continue to grow. The result is continued and increased pelvic irritation. These cases must be operated.

What route shall we choose? With all the pain and tenderness low down in the pelvis, the evacuation of the blood by vaginal section will probably be sufficient. Abdominal section, however, should be chosen when pain and tenderness extend to the upper pelvis. When in doubt, choose the abdominal route.

Cases that are to be operated on by vaginal section should be prepared also for abdominal section, because sometimes during the vaginal manipulations an internal hemorrhage may be provoked which would be difficult to contend with from below.

---

#### SOME DIFFERENCES IN THERAPEUTIC RESPONSE BETWEEN THE CAUCASIAN AND AFRO-AMERICAN.

GEORGE M. NILES, Ph. G., M. D.,

Atlanta, Ga.

When Kipling launched the phrase "The white man's burden," it was accepted as an epigram with many sides and angles. It

appealed to the Caucasian practically over the entire globe, for wherever the black-skinned people come in contact with their brethren, this burden has to be borne by the latter.

In the United States, especially in the southern portion, an important part of the burden has been and is to conserve the health, as well as treat the sick of the many Afro-Americans that fate has cast upon our shores, and who have become an integral part of our body politic.

I think it is accepted as a proven fact by all students of ethnology that any hybrid is more susceptible to the inroads of disease than a pure and unadulterated race. The Afro-Americans, in this connection, represent a hybrid of every varying shade, for few there are in whose veins course the unmixed blood of their African ancestors. We see them from the coal black, on upward in the Caucasian scale, until we find in every community negroes who could not be known as such by any outward appearance.

These people are with us to stay, and while some have attained positions of honor and trust, the majority belong to the laboring class. They till our fields, they cook our food, they launder our clothes, they nurse our babies, they serve in our hotels, they shave our faces, they drive our automobiles, and perform multitudinous tasks of physical toil. Furthermore, they are our friends, and, as such, are entitled to consideration. This study is, therefore, submitted in their interest, being based upon more than thirty years of active practice in the South, the first seventeen years in an agricultural section, where the industrial potentialities of these people caused their landlords and employers to exhibit an active concern in all that pertained to health. The later conclusions have been built upon observations gained in a special clinic, where the negroes formed probably 90 per cent of the clinical material.

I might say also that these conclusions apply only to quadroons and those of darker hue; the octoroons and those of almost pure Caucasian blood naturally partaking of the physical and mental characteristics of the

whites, modified to a degree by education and environment.

The following are the approximate differences:

**Cathartics:** Probably in this class of agents lies the greatest difference. For instance, where two compound cathartic pills or twenty drops of fluid extract of cascara would produce free purgation in the Caucasian, this has to be increased about 50 per cent in the negro. Those practitioners who have had much experience with this race know full well that an ordinary laxative produces no intestinal peristalsis whatever.

**Emetics:** The same rule as cathartics applies, where the emetic is taken in the stomach. When, however, emesis is to be brought about by action on the vomiting center, as by hypodermic injection of apomorphin, about 25 per cent less than the accustomed dose will answer.

**Anodynes:** I have observed that, while the negro easily gives way to pain, indulging in vociferous lamentations upon sometimes slight provocation, relief may be procured by about 30 per cent less anodyne drugs than are demanded by the Caucasian. I have often abated apparently severe colics by hypos. of 1-8 to 1-6 of morphine, while this amount in the white race, as is well known, is inadequate except to "take the edge off" the pain.

**Nerve Sedatives and Hypnotics:** To these this race responds especially well. I have seldom found it necessary to administer the bromides in greater than 5-grain doses, and 10 grains of trional or 5 grains of veronal generally suffice in the infrequent cases of insomnia. "Tired Nature's sweet restorer" is a boon rarely denied these worry-free people, and "the ravelled sleave of care" is knitted up with but little trouble.

**Antipyretics:** In these I have found no special differences between the races, though the aching pains accompanying fevers seem to be more quickly allayed by the coal-tar antipyretics, and cyanosis seldom supervenes. In these so-called "bilious attacks," where intense head- and backache were present, I have seen the pains promptly yield to 2-grain

doses of acetanilid considerably before the fever appreciably varied. This may be taken as a corollary to what has been previously adduced concerning anodynes.

**Cardiac Stimulants and Depressants:** My observations to date have led me to give slightly larger doses (probably 10 per cent) of both to the negroes. This statement I desire to fortify by further study.

**Diuretics and Diaphoretics:** About the same will apply as to the classes above mentioned, only I speak with more assurance. Those who have set up satisfactory diuresis or diaphoresis in the negroes, especially the very black ones, will readily indorse my views.

**Counterirritants:** The epidermis of most Afro-Americans is rather thick, while the terminal sensory nerves do not appear to be normally impressionable, as a general rule. These agents, therefore, need to be used in considerable strength to produce satisfactory results. An active rubefacient that would make the average Caucasian deeply sympathize with the ancient Hebrew children in the fiery furnace, would hardly produce an audible grunt if put on the unresponsive surface of a son of Ham.

**Stomachics and Digestants:** It is concerning these agents, perhaps, that I have the most satisfactory data. It might be well to state in explanation that among the uneducated of both races it is customary to style as "stomach trouble" a disturbance located anywhere in the abdomen or pelvis. Among the men, aid is often sought for even a cystitis coupled with the self-made diagnosis of "stomach trouble," while among the female contingent most of the ovarian and uterine ills are referred to that long-suffering organ. For this reason, we have seen in our gastrointestinal clinic numerous negroes with supposed digestive disorders, where in reality the stomach was normal. As a test meal was taken in every instance, I am able to report on 128 cases, where the stomach was apparently not the offending portion of the anatomy, and am constrained to the belief that the normal free hydrochloric acid in the

Afro-American exceeds that in the Caucasian stomach by at least 6, probably 10 per cent. Acting on this assumption, I have given smaller doses of stomachics with good results; and, as the oxyntic cells seem slightly more active, I have found hydrochloric acid indicated in a correspondingly less proportion. The alkalies, however, are often required. Very sparing doses of these aids to digestion have generally sufficed for the gastric infirmities of our negro patients; in fact, I have many times earnestly wished that some of the prompt and satisfactory responses shown by these humble invalids could be as easily duplicated among those higher in the social and financial scale, those to whom surcease from digestive discomforts would mean bountiful emoluments to the medical attendant.

Psychotherapy among the Afro-Americans is almost like planting good seed in virgin soil. Where the blase Caucasian "from Missouri" greets the earnest efforts of the psychotherapist with a "show me" air, the negro "hears the tidings gladly," cooperates to the extent of his ability, reaping a quick and bounteous harvest. To the tyro in psychotherapy this race presents unlimited possibilities for profitable experience, and I assure my confreres who have not appealed to the emotions and the somewhat primitively-developed mentalities of these people in treating their ailments, that psychotherapy in addition to indicated medicinal measures will yield highly satisfactory effects.

The reader will, I trust, pardon the somewhat dogmatic tone of these statements; but as they represent conclusions not heretofore put in print, but which have been tried out to my satisfaction, I place them before the profession at their face value.

Should there be any doubting Thomases, who would cavil rather than investigate, I would remind them of Hamlet's words: "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy."

922 Candler Building.

## PROPAGANDA FOR REFORM.

**PINOLEUM.**—A postcard advertising Pinoleum implies that Alexander Lambert, President of the American Medical Association, endorses this nostrum. Dr. Lambert has never used the Pinoleum products, and protests against the dishonest method of advertising them. Pinoleum has long been advertised to the public via the medical profession. Its life history is that of the typical nostrum. Epidemics are utilized as opportunities for pushing the product. As the Pinoleum Company now misuses the name of Dr. Lambert, so it made the false use of the name of Dr. George W. McCoy, of the U. S. Public Health Service. (*Jour. A. M. A.*, Nov. 1, 1919, p. 1380.)

**OLIVE OIL AS A LAXATIVE.**—In order that digestible oils may act as laxatives, it is necessary to give more than can be digested and absorbed. In the case of an infant, this may be one or more teaspoonfuls daily, beginning with small dosages and increasing them until the desired effect is obtained. For adults, one or two tablespoonfuls may have to be given three times daily, either an hour before meals or two hours after meals. Olive oil may be taken mixed with hot milk or floating in fruit juice. Olive oil might be particularly serviceable in spastic constipation in an emaciated individual. The use of olive oil as a laxative would be contraindicated in obesity, diabetes, gastric atony and in hypochlorhydria, as well as in those inclined to biliousness. (*Jour. A. M. A.*, Nov. 8, 1919, p. 1441.)

**SOME MORE MISBRANDED NOSTRUMS.**—The following preparations have been found to be misbranded under the Federal Food and Drug Act: Fruitatives, sold under the false claims that the laxative properties were due to the fruit extract; 'Tubbs' Bilious Man's Friend, a water-alcohol solution of sugar and plant extractives (rhubarb) with a very small amount of aromatics; Deerfield Water, consisting in part of a filthy, decomposed and putrid animal and vegetable substances; Mederine, a water-alcohol solution of sugar,



potassium iodide, methyl salicylate, salicylic acid, glycerin and laxative plant extractives, and Robinson Spring Water, falsely claimed to be effective in Bright's disease, diabetes, gout, rheumatism, indigestion, etc. (*Jour. A. M. A.*, Nov. 8, 1919, p.1458.)

**PHYLACOGENS.**—A circular letter devoted to singing the praises of "Pneumonia Phylacogen" contains this: "Pneumonia Phylacogen has been found to be a dependable means of preventing and treating pneumonic complications of influenza. In one large city it became a routine measure to give all persons affected with influenza an injection of Pneumonia Phylacogen as a prophylactic of pneumonia. The results were remarkable. Not only did the cases improve rapidly but in a majority of them the pneumonia did not occur." The injection of Phylacogens is simply the administration of a mixture of the filtered products of several bacterial species. The results that follow represent the reaction of the bacterial proteins—a reaction for good or evil. There is no scientific evidence to show that they possess any specific prophylactic virtue. To recommend their use in patients with influenza, as a prophylactic against pneumonia, is unwarranted; and the physician who acts on the advice of the manufacturer must assume the responsibility of the results. In case of mishap, he cannot fall back on the manufacturer. He will find no scientific evidence to support him. (*Jour. A. M. A.*, Nov. 15, 1919, p. 1442.)

**ACRIFLAVINE AND PROFLAVINE.** — Tentative descriptions and standards for acriflavine and proflavine are published in New and Nonofficial Remedies for the information of manufacturers, pharmacists and physicians. In view of numerous inquiries regarding the therapeutic properties of these dyes which have been received by the Council on Pharmacy and Chemistry, the Council has prepared an abstract of the available literature on the subject. From this review, it is evident that the use of the dyes is in the experimental stage and that their value cannot be definitely judged. Of the thirty-four reports which are abstracted, twenty-five may be considered as

favorable; seven are distinctly unfavorable and two are in the doubtful class. (*Jour. A. M. A.*, Nov. 15, 1919, p. 1542.)

**COTARNIN SALTS (STYPTICIN AND STYPTOL).** — The Council on Pharmacy and Chemistry announces the omission of cotarnin salts (Stypticin and Styptol) from New and Nonofficial Remedies. Salts of the base cotarnin have been used as local and systemic hemostatics. The hydrochloride was first introduced as "Stypticin" and is now in the pharmacopoeia as cotarnin hydrochloride. The phthallic acid salt of cotarnin—cotarnin phthallate—was introduced as "Styptol." In 1918, Stypticin was omitted from New and Nonofficial Remedies because the former American agents were no longer offering it for sale. Styptol was retained and is described in N. N. R., 1919. As was pointed out in the description (N. N. R., 1919), the evidence for the usefulness of the cotarnin salts has been contradictory and unsatisfactory. Now P. J. Hanzlik has made a thorough investigation of the efficiency of hemostatics and has shown the inefficiency of cotarnin salts. The evidence was so definite that the Council has directed the omission of the general article on cotarnin salts and the description of Styptol from New and Nonofficial Remedies. (*Jour. A. M. A.*, Nov. 22, 1919, p. 1628.)

**MEDINAL.**—Medinal is a proprietary name applied to barbital sodium (sodium diethylbarbiturate), the sodium salt of barbital (diethylbarbituric acid, first introduced as veronal). The Council on Pharmacy and Chemistry reports that Medinal was omitted from New and Nonofficial Remedies in 1916 because the advertising issued by Schering and Glatz (who then acted as agents for the Berman manufacturer) contained misleading and unwarranted therapeutic claims. The Council further reports that Medinal, said to be manufactured in the United States, is now marketed by Schering and Glatz, Inc., but that the claims which are made for it are still unwarranted and prevent the acceptance of it for New and Unofficial Remedies. (*Jour. A. M. A.*, Nov. 15, 1919, p. 1542.)

THE ELI PRODUCTS OF ELI H. DUNN.—Physicians are receiving advertising matter from a concern that seems to operate under various names, such as "E. H. Dunn and Co.," "Eli H. Dunn," "Eli Laboratory," etc. The concern is located in Kansas City, Mo. It advertises "Eli 66 Capsules," "Eli Vaginal Capsules," "Eli 'Vim' Restorative," and an intravenous nostrum, "Ampules Eli Venhyd-rarsen." "Dunn's Intravenous and Restorative Treatment" is advised for the treatment of hysteria, and a price to the patient of three hundred dollars is suggested. The gross commercialism that permeates the advertising again illustrates the fact that the fad for intravenous medication offers an attractive field for those who would exploit our profession. (*Jour. A. M. A.*, Nov. 22, 1919, p. 1628.)

LAVORIS.—In recent years, Lavoris has been widely advertised as "The Ideal Oral Antisepetic," particularly to the dental profession. In 1913, a card was sent out according to which each pint of Lavoris contained zinc chloride, 1.040; resorcin, 0.520; menthol, 0.400; saccharin, 0.195; formalin, 0.195; cl. cassia zeyl., 0.780; cl. caryophyl, 0.195. Advertisements now appearing repeat the "formula," except that resorcin is omitted. The formula is indefinite and misleading in that no denomination of weight is given for the various constituents. Analysis in the A. M. A. Chemical Laboratory demonstrated that the Lavoris now sold contains no resorcin and that the zinc content is equivalent to 0.1 gm. per 100 c.c. (about  $\frac{1}{2}$  grain to the ounce). As the analysis shows that the "formula" is not only meaningless because no denomination of weight is given, but that the zinc content is inaccurate for any denomination which might be assumed, the Council on Pharmacy and Chemistry declares the composition of Lavoris essentially secret. The Council also reports that Lavoris is advertised to the public indirectly with claims that are unwarranted and objectionable from the standpoint of public safety. Further, the Council reports that the name is objection-

able in that it does not indicate the composition or potent ingredients of the mixture and that the composition is irrational in that the user is likely to ascribe a false and exaggerated value to it. (*Jour. A. M. A.*, Nov. 1, 1919, p. 1380.)

MICAJAH'S WAFERS AND MICAJAH'S SUPPOSITORIES.—The Council on Pharmacy and Chemistry reports that "Micajah's Medicated Wafers" (formerly called "Micajah's Medicated Uterine Wafers") and "Micajah's Suppositories," sold by Micajah and Co., Warren, Pa., are inadmissible to New and Nonofficial Remedies because: (1) their composition is essentially secret; (2) the name of neither of these mixtures is indicative of its composition; (3) of unwarranted and exaggerated therapeutic claims, and (4) the therapeutic advice which accompanies the trade packages constitutes an indirect advertisement to the public. The "wafers" were analyzed in the A. M. A. Chemical Laboratory in 1910 and found to consist essentially of dried ("burnt") alum, boric acid and borax. The suppositories were recently examined in the A. M. A. Chemical Laboratory and, like the "wafers," were found to contain alum, boric acid and borax—and these substances practically alone—in-corporated in cocoa butter. The company claims that "to these have been added ammonii ichthyosulphonate, balsam of Peru, ext. balladonnae." The A. M. A. chemists report, however, that if extract of belladonna is present at all, it is in amounts too small to be detected by the methods commonly employed in the chemical examination of alkaloidal drugs.

The chemists report further that while ammonium ichthyosulphonate and balsam of Peru both have a decided odor and a dark color, the suppositories have but little color, and the odor of cocoa butter which forms their base is not covered by these drugs. Obviously, therefore, if ammonium ichthyosulphonate and balsam of Peru are present at all, the amounts are utterly insufficient to exert any therapeutic effect. (*Jour. A. M. A.*, Nov. 29, 1919, p. 1715.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. K ME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARNS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. S. MMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and

Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Su-

wanec and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:

Julian E. Cammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter

Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:

Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and

Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam

Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington

Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.

L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:

W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting — DAYTONA — May, 1920

## PHYSICIANS AND STATISTICS.

While there have always been those who have cast discredit on the scientific value of statistics, it remains a fact that some medical knowledge must be derived from statistical investigation. Statistics may, of course, be juggled, and it is also fair to assume that statistics are often prepared by persons not skilled in the fundamental principles underlying their preparation. It is probably true that the bulk of medical statistics of the past has been prepared by medical men not trained as expert statisticians.

Recently Mr. Raymond Pearl,<sup>1</sup> professor of biometry and vital statistics in the Johns Hopkins School of Public Health, has analyzed, from the point of view of a trained statistician, certain figures in a paper published by Head<sup>2</sup> concerning the efficiency of various methods of treatment in pneumonia. In this paper Dr. Head himself suggested that the lowered mortality shown in favor of closed ward treatment might be merely a coincidence. In his analysis of the figures, Pearl shows that while Head's conclusions are qualitatively correct, they are quantitatively out of the way on account of the neglect to take into account the factor of random sampling. Another neglected factor, frequently overlooked by medical writers, is the natural history of the disease under investigation. It has been asserted by numerous observers that the mortality from influenza pneumonia at the end of an epidemic is usually much lower than it is at the beginning of the outbreak. Pearl shows that this is the case, and that Head, although recognizing the possibility, did not take it into account in evaluating his figures.

If the statistical method, first extensively introduced into clinical medicine by Louis and the French school, is of value, it goes without saying that the statistics which are used must be based on the well-recognized principles utilized by professional statisticians. So far as mortality statistics are concerned, it may be assumed that the correct methods are usually employed; but it is cer-



tain that this is not the case when ordinary clinical statistics are concerned. In any textbook on medicine or surgery, one may find numerous statements covering statistically such matters as the age at which certain diseases occur, the relative proportion of the sexes involved, the frequency of complications, and the relative frequency of different diseases in a given organ or system. It is quite certain from the figures presented that these statistics would be regarded as valueless by a professional statistician, and that while they are perhaps not valueless to the clinician, they are not nearly as valuable or as correct as properly prepared statistics would be. In differential diagnosis, as Southard has pointed out, it is desirable that the physician should know the possibilities. In 10,000 patients with convulsions, what proportion is likely to be due to epilepsy; what proportion to uremia; what proportion to general paresis, etc.? With correct knowledge on such a point, the physician knows when he encounters a case of convulsions that there are certain chances in favor of a given disease, and he can make what Southard calls a diagnosis by orderly exclusion, which is more satisfactory than the old-fashioned diagnosis by exclusion in which the probabilities were ignored. In the matter of treatment, too, the application of correct statistical principles would prevent the flooding of medical periodicals with the views of therapeutic optimists based on uncontrolled observations. The checking of medical statistics by trained statisticians will doubtless serve as a stimulus to more accurate statistical methods.—*Jour. A. M. A.*

1. Pearl, Raymond: A Statistical Discussion of the Relative Efficacy of Different Methods of Treating Pneumonia, *Arch. Int. Med.* 24: 398 (Oct.) 1919.

2. Head, G. D.: The Treatment of Pneumonia, *J. A. M. A.* 72: 1268 (May 3) 1919.

### THE COMPLEXITY AND COST OF MODERN DIAGNOSIS.

It has frequently been stated that scientific medical diagnosis and treatment are a privilege accorded only to the very poor and the

very rich. The recent establishment of diagnostic clinics and diagnostic institutes indicates that the principle of group practice is being recognized to a greater extent than has heretofore been the case. The general hospitals have for many years been diagnostic institutes for group practice, a fact which is sometimes not remembered by those who proclaim that group practice represents a new principle. The diagnostic institute of the present day is, however, not a hospital but an ambulatory clinic, the idea being that many patients who do not care to go to hospitals and who do not need to do so can have their ailments studied at such an institution. A perusal of the charges for service made by some of these institutions indicates that while they have doubtless solved the problem of medical cooperation they have not completely solved the financial problems of the patient. The fee for a general examination is a modest one well within the reach of the average citizen who falls into neither the pauper class nor the group of the wealthy. More complicated examinations, such as are necessary in patients with obscure diseases, cost a sum which in many instances would be quite beyond the means of the average wage-earner. The question of obtaining efficient medical diagnosis and treatment for cases of obscure disease among those who can pay only a modest fee is one of the live questions of the day. It is doubtful whether it can be met by diagnostic clinics unless they are heavily subsidized organizations along the lines of the existing dispensaries, but differing from them in the fact that a small fee is charged. Attempts have been made to meet the situation in this way, but as yet there has been no widespread effort to care for the man of moderate means. As individuals of this group furnish the great bulk of patients, some machinery must be devised which will enable them to receive inexpensive but adequate care when they develop obscure diseases.—*Jour. A. M. A.*

## HOSPITALS FOR CONTAGIOUS DISEASES.

The general attitude toward hospitals for contagious diseases seems to be undergoing a gradual evolution. We are getting away from the idea that such hospitals are "pest houses" and "necessary evils," whose chief function is to serve as a place of confinement for persons who might endanger the public. We are coming to look on them more as places where sick persons may secure needed care, which would not be possible in their homes, as is the case with noncontagious medical and surgical cases in a general hospital. Usually conditions that make impossible proper isolation at home also preclude suitable medical and nursing care there. Hospitals for contagious diseases are specially designed for those with very limited means and for those living in hotels, boarding and rooming houses. The value of hospitals as a means of eradicating contagious diseases through isolation has made a strong appeal to sanitarians everywhere. However, experience in England and in this country has led such authorities as Newsholme, Chapin and others to conclude that the hospitalization of persons with contagious diseases has failed to reduce their incidence materially. Chapin<sup>1</sup> says:

"Hospitals are useful for protecting the family, for checking outbreaks in institutions, for receiving cases from lodging houses and hotels, for furnishing better medical service, and for relieving the overworked housewife in the families of the poor. It is an unnecessary expense to provide hospital accommodations for all cases of scarlet fever and diphtheria, or for 90 per cent or even 80 per cent. That half or two thirds of the cases of these diseases can, for all practical purposes, be equally well cared for at home, is not unlikely."

In a hospital for contagious diseases, an occasional instance of crossed infection will occur even though every human effort is made to avoid it. This will be always one reason for home isolation and treatment,

whenever they can be carried out satisfactorily.

In view of these facts, the statement of Stokes<sup>2</sup> in his interesting discussion of the organization and methods of contagious disease services, that a hospital for contagious diseases is, like the police, a necessary evil whose principal justification is the convenience and safety of the well public, is only partly true. The ancient idea that a hospital for contagious disease is a "pest house" and a source of danger to those living near it has largely influenced the location of such institutions in a community. Abundant experience has shown that the same considerations should determine a convenient and central location for a hospital for contagious diseases as for any hospital for acute illness. An intimate connection with a general hospital is economical from an administrative and operative standpoint, and except when the contagious disease hospital is very large, it may properly be located in one building of a general hospital group. Such a location enables the patients in emergencies and complications to benefit by the services of specialists, and has a tendency to raise the level of the character of the medical work in the hospital. In contrast to this, a hospital for contagious diseases that is situated in an isolated place, near the edge of a large city, operates under very serious disadvantages, both from an economic and a scientific standpoint. Hospitals for contagious diseases were formerly constructed on the same principles as general hospitals, and were often brought into disrepute by the frequency with which a patient entering with one disease contracted others in the institution.

Richardson<sup>3</sup> recently presented an able discussion of the construction of modern isolation hospitals. In efforts to combat mixed infections, the barrier and cubicle systems were introduced and are useful in old buildings with large rooms, but should not find a place in a building newly constructed at this time. The ideal hospital for contagious diseases consists of small rooms that accommodate single patients. This is

insisted on by those who, like Richardson<sup>3</sup> and Wilson,<sup>4</sup> have had practical experience in hospitals for these diseases. The initial cost of providing toilet and bath tub for each room is more than offset by the advantage from the use of baths in treating patients and by the saving in work required of nurses and attendants. Each room should be supplied with a lavatory with mixed hot and cold water controlled by the foot. The liberal provision of windows and the introduction of glass into partitions prevents a building constructed in this manner from being unduly dark. With single rooms, cross infections can be practically eliminated, and diseases of various sorts can be cared for at the same time in varying proportion. All the space becomes available at all times. As with general hospitals, so those for contagious diseases should serve as training places for physicians and nurses. The medical graduate and the nurse are not fully prepared for the practice of their professions if they have had no practical experience in the treatment of contagious diseases. The contagious diseases furnish the medical student with as great a variety of medical experiences as do those of a general hospital. Without a careful training in contagious diseases, a nurse is not qualified for institutional or public health work and her field of activities is necessarily limited. Pupil nurses should receive this part of their training toward the end of their course, after they are familiar with aseptic technic. No pupil who is careless in her work should be allowed to continue. Before a person enters on this work, diseased tonsils should be removed; serious organic disease of any kind would naturally exclude any person from the work. By immunizing those who are susceptible to diphtheria, as determined by the Schick test, and by the use of gauze masks, rubber gloves and aseptic methods, the danger of contracting the diseases with which the nurses are associated is largely eliminated. To repeat: It is important that the profession and the laity should appreciate that the hospital for contagious diseases is not a nuisance but an

institution of real service; that it furnishes innumerable problems for solution by the research worker, and that its clinical material should be utilized for the instruction of medical students and nurses so that patients suffering with contagious diseases among the people may receive prompt and efficient medical and nursing care, at the same time that effective measures may be instituted for protecting the well from infection.—*Jour. A. M. A.*

- 
1. Chapin: Sources and Modes of Infection, 1910.
  2. Stokes, J. H.: Pennsylvania M. J. 12:729 (Aug.) 1919.
  3. Richardson, D. L.: Mod. Hosp. 13: 108, 1919.
  4. Wilson: Pub. Health Bull., 1918, No. 95.
- 

### THE OAT AS HUMAN FOOD.

The sentiment once expressed in the English dictum that oats are food for horses in England and for men in Scotland has persisted in many quarters until the present day. The necessities of war time, coupled with the strongly supported exhortations of the U. S. Food Administration, induced thousands of persons to accept the common cereal grains as of similar values, so far as their nutrient virtues are concerned. But peace time is at hand once more, and the barriers built by the national needs of 1917-1918 are being let down. Old time preferences and prejudices are likely to return to their previous prominence, except so far as the newer lessons have produced a satisfaction with the enforced changes.

Wheat is already rapidly regaining its pristine favor. What will happen to the temporary enhanced popularity of the other cereals remains to be ascertained. In the choice between corn, rice and oats, none of which are preferable bread grains, geographic and racial traditions will doubtless continue to dictate the decision, as they have done so long in the past. We have already called attention to Sherman's<sup>1</sup> demonstration of the excellent utilization and nutritive efficiency of maize (corn meal) when its protein is supplemented with about 10 per cent of the nitrogenous components of milk. In collab-



oration with Winters and Phillips,<sup>2</sup> he has prepared a comparable report on the oat proteins. The severity of the test is indicated by the fact that the food consisted essentially of oatmeal cooked with starch in thin, hard "scones" and eaten with apple and sugar, with and without milk. When the diet contained 100 c.c. (3 1-3 fluidounces) of milk a day, a daily intake of protein amounting to even less than 0.6 gm. per kilogram of body weight sufficed to maintain a nitrogen balance. Without the supplementary virtue of the milk this record could not be attained.

However, as these investigators conclude, in the maintenance metabolism of adults, as shown by the nitrogen balance experiments, the proteins of oats and maize are of virtually equal nutritive efficiency. This study by Sherman and his collaborators indicates that "for the purposes of practical dietetics, equal weights of oat and maize proteins may be regarded as essentially equal in value, and even the minimum amount of milk which can possibly be regarded as permissible, in the light of our present knowledge of nutrition,

will apparently so supplement the proteins of either the maize or oat kernel as to make them function with an efficiency comparable with that of the average protein of mixed diet in the maintenance metabolism of man." No one will be so rash, at the present day, as to maintain that the cereals per se are perfect foods. Their shortcomings in respect to various nutrient virtues have repeatedly been rehearsed in *The Journal*. Nevertheless, the time has passed when we are justified in pointing to any of the commonly used cereals as nutritively obnoxious, as "heating" or as inherently detrimental to health. Science confirms what experience frankly teaches, that all these cereals have a useful place in the human dietary. Maize need not be relegated to the pig-pen, nor oats to the stable.—*Jour. A. M. A.*

1. Sherman, H. C., and Winters, J. C.: *J. Biol. Chem.* 35: 307, 1918. The Defense of Corn as a War Time Food, editorial, *J. A. M. A.* 71: 1138 (Oct. 5) 1918.

2. Sherman, H. C.; Winters, J. C., and Phillips, V.: Efficiency of Oat Protein in Adult Human Nutrition, *J. Biol. Chem.* 39: 53 (Aug.) 1919.

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*  
AMERICAN SOCIETY FOR THE CONTROL OF CANCER

### "WHAT WE KNOW ABOUT CANCER."

The American Society for the Control of Cancer has been in existence and working effectively for a number of years. The sole object of the society, at present at least, is the "dissemination of facts in regard to cancer to the end that its mortality may be reduced by a wider knowledge of the disease."

The effort represented by the present pamphlet has perhaps the most far-reaching possibilities for good of any single attempt to lessen cancer mortality undertaken in this country.

It is no longer necessary to argue the point that delay is the one great factor in cancer

mortality. At least four-fifths of cancer deaths could be prevented by early recognition. The conditions necessary for recognition of cancer in ample time for cure are not ideal but distinctly practicable. Public education is one important pathway of improvement, but education of the medical profession itself is of equal if not greater importance. Statistical studies have shown that in the majority of cases the doctor has had the cancer patient "under observation" over a year before efficient curative treatment is instituted. It is needless to state that during this year the majority of cases have changed from curable to incurable. As the pamphlet itself somewhat mildly puts it, "The conditions call for a far keener appreciation of responsibility for the mortality from cancer

than now generally exists in the medical profession."

It is not possible here to abstract this pamphlet which is already so condensed. The general facts concerning cancer are outlined and then each important type and site of cancer is taken up in detail and the forms, symptoms, standard treatment, and results to be expected are outlined for each type.

The chief point we would make here is that if every medical man would study and widespread dissemination of this pamphlet which he can read in an hour, the question of delay in cancer would be solved in so far as it is referable to the medical profession. The ultimate possible good obtainable from the widespread dissemination of this pamphlet is so great that we would urge every possible means to get it into the hands of as many medical men of all classes as possible. It can be had from the American Medical Association, 535 N. Dearborn Street, Chicago, for 10 cents. If you are a trained surgeon, get it. It will interest you. If you are further afield, get it and study and apply it. If you feel misgivings that some of your cases in the past might have been saved had you been more sure and acted more promptly (and who of us does not have such misgivings), get it. It will help you in future cases.

We would especially beg the assistance of Boards of Health, both state and municipal and of medical societies in distributing the pamphlet. It can be bought cheaper in quantities and sent out with your other mail matter with almost no extra cost or trouble. When such a simple means for such far-reaching good is in our hands it is a pity to let it lie neglected.

---

#### A MODERN MEAT-PACKING PLANT.

The latest thing in meat-packing plants, said to be the most modern establishment in the world, was opened by Armour and Company in South St. Paul, November 18th. Willard C. White, general manager, knocked the first bullock, and business at the new plant officially commenced.

Producers in a wide section of the Northwest expect to derive considerable advantage from this extension of their market facilities. The new plant will double the market capacity of the South St. Paul stockyards.

Situated in a fifty-acre site on the Mississippi River with the bluffs in the rear forming a picturesque background for the towering brick buildings, the twenty-two structures of the plant form an imposing exhibit. With its park-like grounds, its well-paved streets and its dignified architecture, the plant might be taken for a great industrial university.

Several millions of dollars has been expended upon this great meat factory. The buildings are of steel, reinforced with concrete and faced with brick, and are of the most modern, sanitary construction. All killing floors are finished in white enamel and all rooms where food products are manufactured, handled or stored are finished in enameled brick and impervious salt-glazed tile. Even the tables are of metal and where wooden cutting boards are used, provisions are made for their sterilization.

According to General Manager Willard C. White, the expenditures for livestock alone for this establishment will be from \$75,000,000 to \$90,000,000 a year.

The plant will have a daily killing capacity of 7,500 hogs, 750 cattle, 1,000 calves and 2,000 sheep. It will be a small city in itself with an army of employees, making a hive of industry of the towering buildings and miles of railroad track and acres of stock pens. In the beginning, 2,000 persons will be employed, but it is expected that before the end of the year business will have grown to such an extent that 3,000 will be needed. The annual payroll will range from \$3,000,000 to \$3,500,000 a year.

J. Ogden Armour has great faith in the future of this part of the Northwest as a stock-producing center. He believes that no part of North America offers greater opportunities for successful stock raising upon a large scale. Agricultural prosperity of the Northwest will be greatly enhanced as a

result of the increased stock production and inevitable rise in land values. Whenever a new packing plant has been established, land has appreciated. All contiguous territory benefits. The northwestern stock raisers through this plant will have direct connection with the fifteen other packing houses and 450 branch houses of Armour and Company, which are expected to do a business of over \$1,000,000,000 this year.

It is predicted that the new plant, which will be the second in the Armour chain in its capacity for hog killing, will before long crowd the Chicago plant for first place.

Cattle, hogs, and sheep will be killed on the sixth floor of two connecting buildings. The killing floor is 127 feet wide and 337 feet long with galleries for visitors. The stock is conveyed to pens on the sixth floor of an adjoining building and three large elevators are used, each holding a carload of stock.

The total floor space, including all stories of the twenty-two buildings, is 1,457,664 square feet, or 33.34 acres.

The Administration or Service Building is a five-story structure 81x177 feet in area, of pressed brick and cut stone, situated just at the left of the main entrance. On the first floor is a large room devoted to the reception of visitors. Display cases line the walls filled with the products of Armour and Company. The employment bureau also is located on the first floor and has a large waiting room and other conveniences. The purchasing department, offices of the superintendent, master mechanic, paymasters, timekeepers, and other officials are conveniently situated. A large space has been devoted to the use of men and women government inspectors, including locker rooms.

The second story of the Administration Building is devoted to lockers, toilet rooms, and shower baths for the men. Similar accommodations for women and a rest room are found on the third floor, and on this floor is a room for physical examinations and emergency hospital operations. A cafeteria with a capacity of 400 persons occupies the

space on the fourth floor, with a restaurant and cafeteria for office employees and a private dining-room in adjoining sections.

The general offices are situated on the fifth floor. Here also are to be found a telegraph room and a telephone room, a barber shop and another girls' rest room. There is plenty of space devoted to the general offices with a large skylight in the center. A smoking pavilion has been built on the roof. It is enclosed and has a promenade on one side.

As in all of the other plants of Armour and Company, considerable attention will be paid to welfare work among the employees of the South St. Paul plant. There will be physicians in attendance and employees will not only be treated for minor accidents but will be advised concerning their general health. There will be locker rooms and shower baths in various parts of the building.

Most of the department heads have been brought from other establishments of Armour and Company, but it is expected that the main body of employees will be recruited from the Twin Cities and vicinity.

---

## NEW AND NONOFFICIAL REMEDIES.

**ALBUTANNIN.** — Tannin Albuminate Exsiccated. — A compound of tannin and albumin, thoroughly exsiccated and containing about 50 per cent of tannic acid in combination. It was first introduced as tannalbin. The use of albutannin is based on the assumption that the tannin compound passes the stomach largely unchanged and thus the astringent action will be exercised in the intestine where the compound will be decomposed by the intestinal fluid, slowly liberating the tannic acid. Albutannin is used in diarrhea, particularly in that of children, and in phthisis.

**ALBUTANNIN-CALCO.** — A nonproprietary brand complying with the standards for albutannin. The Calco Chemical Co., New York.

**ALBUTANNIN-MERCK.** — Merck and Co. have adopted the name albutannin for the



product accepted as tannin albuminate exsiccated-Merck (see Supplement to New and Nonofficial Remedies, 1919, p. 12). (*Jour. A. M. A.*, November 1, 1919, p. 1363.)

**ACETANNIN.**—**TANNYL ACETATE.**—The acetic acid ester of tannin. Acetannin was first introduced as tannigen. Acetannin is claimed to be practically nonirritant to the stomach and to pass unchanged into the intestine, there to become effective as an astringent. It is used in diarrheal affections.

**ACETANNIN-CALCO.**—A brand of acetannin complying with the standards of New and Nonofficial Remedies. The Calco Chemical Co., New York.

**ANTIPNEUMOCOCCIC SERUM, COMBINED TYPES I, II AND III-GILLILAND.**—Prepared by immunizing horses with dead and living pneumococci of the three fixed types and standardized against Type I culture. Marketed in 50 c.c. gravity injecting packages and also in 50 c.c. and 100 c.c. vial packages. The Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, November 8, 1919, p. 1442.)

**TABLETS CINCHOPHEN-ABBOTT,  $1\frac{1}{2}$  GRAINS.**—Each tablet contains  $1\frac{1}{2}$  grains of cinchophen-Abbott. Cinchophen was first introduced as atophan and is in the U. S. Pharmacopeia as *Acidum phenylcinchoninicum*. The Abbott Laboratories, Chicago.

**ACRIFLAVINE AND PROFLAVINE.**—These are dyes derived from acridine, a base found in coal tar. Their use in medicine is proposed on the claim that they have high antiseptic power, together with comparative freedom from toxic or irritant action and without inhibiting effect on the phagocytic action of leukocytes or on the healing process. They have been used as wound antiseptics, and acriflavine has also been proposed for the treatment of gonorrhea. The reports on the value of the two preparations are contradictory and conflicting. In the treatment of wounds, solutions of 1:1,000 in physiologic sodium chloride solution are commonly recommended. In gonorrhea, a strength of 1:1,000 in physiologic sodium chloride solution is used for an injection into the urethra,

and weaker solutions have been used for lavation.

**ACRIFLAVINE.**—This is 3:6 diamino acridine sulphate. For a discussion of the actions, uses and dosage, see above. Acriflavine is a brownish-red, odorless, crystalline powder, soluble in less than two parts of water and in alcohol, forming dark-red solutions which fluoresce on dilution. It is nearly insoluble in ether, chloroform, liquid petrolatum, fixed oils and volatile oils.

**PROFLAVINE.**—This is 3:6 diamino acridine sulphate. For a discussion of the actions, uses and dosage, see the preceding article, Acriflavine and Proflavine. Proflavine is a reddish-brown, crystalline powder. It is soluble in water and alcohol, forming brownish solutions which fluoresce on dilution. It is nearly insoluble in ether, chloroform, liquid petrolatum, fixed oils and volatile oils. (*Jour. A. M. A.*, Nov. 8, 1919, p. 1443.)

**PITUITARY SOLUTION-HOLLISTER-WILSON.**—**LIQUOR HYPOPHYSIS.**—A sterilized solution of the water-soluble extract of the posterior portion of pituitary glands of cattle, preserved by the addition of chlorbutanol. It is standardized according to the method of Roth and complies with the U. S. P. standard. The Hollister-Wilson Laboratories, Chicago.

**AMPOULES PITUITARY SOLUTION-HOLLISTER-WILSON 1 cc.**—Each ampoule contains pituitary solution-Hollister-Wilson 1 c.c. (*Jour. A. M. A.*, Nov. 29, 1919, p. 1699.)

**TANNIN ALBUMINATE EXSICCATED-MERCK TABLETS, 5 GRAINS.**—Each tablet contains 5 grains tannin albuminate exsiccated, Merck, Merck and Company, New York (*Jour. A. M. A.*, March 1, 1919, p. 653).

**TETANUS ANTITOXIN—FOR HUMAN USE: PURIFIED, CONCENTRATED (GLOBULIN).**—A concentrated tetanus antitoxin (see New and Nonofficial Remedies, 1919, p. 266), marketed in syringes containing 1,500 and 5,000 units; in ampules containing 10,000 units, with apparatus for injection. Eli Lilly and Co., Indianapolis, Ind. (*Jour. A. M. A.*, Aug. 30, 1919, p. 691.)

## PUBLISHER'S NOTES.

DISCRIMINATION IN SELECTING  
FOODS.

Every thoughtful housewife has long since learned the advisability of purchasing only standard goods of established merit.

She knows, for instance, that all advertised food products of national distribution must of necessity conform to pure food laws, not only those of her own State, but also must be in conformity with the Federal Food Laws.

In short, the label required by pure food laws has prevented fraudulent substitution and the use of unwholesome material, due to the fact that the intelligent American housewife reads the label.

Unfortunately, however, there are some food products now on the market in various sections of the country to which our protective labeling laws have not sufficiently applied, and in such cases the housewife is naturally left in the dark. Take for instance, so-called Self-Rising Flours; there are no laws requiring the label on these flours to name the ingredients. These are still bought blindly with little knowledge of the ingredients, for the reason that these mixtures seem never to have been subjected to the same label requirements as other mixed food products. One is unable to determine from the label of any sack or package of Self-Rising Flour what the quality of the flour is.

However, the housewife can easily become thoroughly informed about most products and, by a process of careful selection of such products, safeguard health and make pure food legislation effective.

CAN DIPHTHERIA MORTALITY BE  
REDUCED?

Despite the fact that diphtheria antitoxin is practically a specific, one out of ten cases of diphtheria terminates in death.

Why this high death rate?

Two reasons: Tardiness in the use of diphtheria antitoxin, and the employment of too small doses. The average dose of diphtheria antitoxin at the present time is 5000 units. Authorities maintain that it should be 10,000 units.

Physicians who get the best results from diphtheria antitoxin use large doses early in the course of the disease. They administer initial injections of ten to twenty thousand units in all suspected cases. There is little danger from over-dosage of antitoxin. This fact is generally conceded. The real danger lies in the employment of too small doses.

Biological manufacturers are turning out serum of higher potency than formerly. Newer methods of refinement and concentration have resulted in a better product. The antitoxin produced by Parke, Davis & Company at the present time is three to five times as concentrated as the antitoxin supplied several years ago. Physicians readily recognize the advantages of Parke, Davis & Company's refined and concentrated high-potency diphtheria antitoxin. There is less serum to inject, absorption is more prompt, and the results are quicker and better.

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



## Weak Arch and Flat-foot—

that need mechanical correction are very prevalent and frequently are associated with painful heel, callouses on sole, fatigue, nervousness, neurasthenia, physical exhaustion and rheumatic tendencies. Heavy people and those who are constantly on their feet, and whose occupation requires them to assume a posture conducive to the weakening of the leg and foot muscles, are usually victims of these complaints. The corrective treatment is simple. Remove predisposing causes such as short hosiery, improperly fitted or constructed shoes, and have patient fitted to

### *Dr. Scholl's* *Corrective Foot Appliances*



which are scientifically constructed to relieve muscular and ligamentous strain, remove abnormal pressure and restore feet to usefulness. There are distinct types of appliances for each condition. All quickly and easily adjusted to any degree of elevation or curvature, assuring the physician dependable results.

Leading shoe dealers and surgical supply houses in every locality carry Dr. Scholl's Appliances and have also been instructed in Anatomy of the Foot and the proper method of adjusting the appliances to fit both foot and shoe.

*Send Coupon for New Pamphlet*

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Fill out the coupon for your copy of "Foot Weakness and Correction for the Physician"—just published.

Write for important pamphlet just published, "Foot Weakness and Correction for the Physician," and a chart of Foot exercises as endorsed by the United States Army Medical Dept.

**The Scholl Mfg. Co.**  
213 W. Schiller Street  
Chicago

New York Toronto London, Eng.



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, January, 1920

Number 7

## ORIGINAL ARTICLES

### DIAGNOSIS OF UPPER ABDOMINAL SYMPTOMS.

HENRY C. DOZIER, M. D.,  
Ocala, Fla.

The one and only reason for performing an operation, is that the patient upon whom it is performed might be relieved of the symptom or symptoms for which he seeks relief. It has been said, and we all have found it to be true, that "nothing succeeds like the patient getting well." It is, therefore, of the utmost importance for the patient—since he does not wish a needless or useless operation—and also for the surgeon—since he wishes his patient to be cured, if possible, after the operation—that the surgeon and physician should be able to properly interpret the "signs at the crossroads," in order to be able to relieve the pathological condition underlying the patient's symptoms.

Most any surgeon who has had experience and has a thorough knowledge of anatomy and abdominal physiology, combined with surgical judgment and technical skill, can successfully execute the mere mechanical performance of an operation, provided, also, he has the necessary facilities for asepsis, etc., at his command. But to successfully perform an operation, without a close study of the patient and his symptomatology with a view to making a careful and painstaking diagnosis, will result in many needless operations and woeful disappointment to both the surgeon and his patient. In considering a diagnosis of diseases of the upper abdomen, there is no surer foundation on which to lay the facts, which are to be considered in reaching a correct diagnosis, than an accurate and complete clinical history of the case, including a careful analysis of the "story" regarding the condition of which the patient

is at present complaining. This will usually *point the way* for further investigation, and if none of the minor details are neglected, will in almost every case reveal the disease from which he is suffering. Of course, the most important facts that are brought out in this history are those which have to do with the history of the present illness. They should be carefully studied and accurately interpreted. If pain is complained of, note its *situation*, its *duration*, and whether *referred* to other localities. Find out its relation to digestion. Note whether it occurs before or after eating, or in what manner, if any, it is affected by the taking of food. If *vomiting* is a symptom, note the *manner*. Is it expulsive, or does it come up without effort? Note its *character*. Is it mucous, simple undigested food, bile-stained, bloody, or fecal? Note also its *relation to digestion*. Does it occur immediately or long after a meal? In this way we are often able to estimate roughly whether or not there is *stasis*, which is very important with reference to certain obstructive conditions at the pylorus. Is this pain and vomiting associated with, or is there independently an area of *tenderness*? If so, note its location, its degree and duration, and whether or not it is associated with rigidity of the muscles. Inquiry should be made relative to the patient's *weight*, *temperature*, and the presence or absence of jaundice. Note also if there were *chills* and *sweats*. In most cases it is advisable, and in all cases where the facilities are at hand, it is helpful to have an *examination of the stomach contents* and *feces*. A *blood count*, both *red* and *white cells*, and a differential count should be made, together with an estimation of *hemoglobin*, and in the presence of jaundice, an estimation also of the *coagulation time*. The usual

chemical and microscopical examination of the urine should be made, and the *frequency*, *urgency*, *quantity*, and whether it is necessary to *void at night*, should be noted; and *in addition kidney function* should be determined by means of the phthalien or indico-carmen tests. I realize that what I have said is very general in *character*, and *also* quite elementary; but at the same time a careful inquiry into the patient's history and symptoms is most *neglected*, and my excuse for reviewing these facts is because I believe that physicians who have failed to get results with their dietetic and hygienic measures in diseases of the upper abdomen are more and more inclined to consult a *surgeon*, who not only can perform any necessary surgery, but can also tell them what is the matter with their patients. Now I wish to briefly consider the symptomatology of the upper abdomen, with reference to the special diseases affecting the various organs in that locality.

The stomach has been called the "mouth-piece of the abdomen," and "*indigestion*" is its language. The crying out of the *stomach* for relief of *pain*, *anorexia*, *vomiting*, etc., does not always mean "*stomach diseases*." "Stomach symptoms" are due to disease of the stomach itself in less than 10 per cent cases, according to Dr. Deaver; and at the Mayo clinic they have found that a "large percentage of patients presenting themselves with gastric symptoms, and who undergo an operation, show at the time of the operation no demonstrable lesion of the stomach or duodenum." Surgeons have found from a study of living pathology, at the operating table, that gall bladder and appendix disease make up the *major* percentage of diseases having a dyspeptic syndrome. There are cases also which come to us suffering from "disturbances of digestion," in which it is almost, if not quite, impossible to say whether the disease is of the stomach, duodenum, gall bladder, or appendix. Of course, purely medical diseases give symptoms in the epigastric region, and they must not be forgotten. For example the dyspepsia and anginoid pains of coronary sclerosis, myo-

cardial disease, or the gastric crises of tabes.

So much for the symptoms known as "*indigestion*," collectively and in a general way. Before referring to the different diseases of the upper abdomen, just a word about some of the individual symptoms themselves. The character of pain depends upon its cause, and pain in the abdomen may occur from two special causes, according to Beckman. "First, from contraction of walls of a hollow viscus. Second, inflammation plus muscular spasm. Pain resulting from the first cause is always *severe* and *rythmic*, *i. e.*, colicky in type, as for example the pain of severe renal colic, gall-bladder colic, or intestinal colic, due to obstruction. No other pain, except the *pain of perforation*, compares in severity with this type, and the *pain of perforation* differs from this pain in that it is *constant* and *never colicky*. Pain from the second cause, *i. e.*, *pain due to muscular spasm*, in an attempt on the part of nature to place at rest an inflamed area, is more or less constant, but at times gets more severe. The muscles that are attempting to hold the part immovable, occasionally relax and then contract again, causing occasional increase or exasperation of the pain. This type is seen in subacute or slow perforation, appendicitis and peritonitis."

In addition to the two causes for "pain in the abdomen," given by Beckman, there is another cause given by Dr. A. D. Bevan in a very instructive and interesting discussion of "gall-bladder disease." He does not think that the pain of gall-bladder disease, stone in kidney, or ureter, etc., is solely mechanical in organ, that is due to peristaltic action, although it may be, but there is usually an infection of the gall bladder with obstruction of cystic duct causing pus or mucous accumulations and greatly distending the gall bladder, and it is this intracystic tension which is the cause of the pain. Under these conditions a cholecystotomy, or in the case of the kidney a nephrotomy which relieves the *tension*, will relieve the pain, although the obstruction in the cystic duct or ureter may still exist.

*Lesions of the stomach and duodenum do not* produce the first type of pain mentioned above, although they are hollow organs and the pain is often due to spasm, because they can more easily empty themselves, since the obstruction is never so complete in this locality and the stomach can readily empty itself, even in the presence of complete pyloric stenosis through the esophagus. Therefore, when pain is of a *severe colicky nature*, the cause should be looked for outside of the stomach. Another differential point is that if pain occurs immediately upon taking food, especially if it is accompanied by vomiting, it is apt to mean a severe contraction of the stomach, due to reflex conditions and caused by some disease outside of the stomach itself. However, if pain is present with *periodic regularity between meals*, especially if relieved by food or an alkali, it usually means disease of the *stomach or duodenum*. If the pain is constant, and unaffected by food, it may be due to disease of the stomach or to some lesion outside the stomach.

*Nausea* is not a characteristic symptom of lesions in the stomach or duodenum; it is present in stomach, pancreatic, gall-bladder, kidney, and appendix disease. It is only slight and usually periodic in stomach and duodenum disease and it is prolonged and continuous in gall-bladder disease. We must also remember the nausea and vomiting of pregnancy in interpreting this symptom. Cases have been sent to the radiologist for examination to determine the causes of nausea and vomiting, when a vaginal examination would have made the diagnosis.

In making a diagnosis of upper abdominal symptoms, the most common conditions, aside from purely medical diseases, we have to take into consideration gastric and duodenal ulcer, kidney stone, gall-bladder disease (with or without stones), pancreatitis, acute and chronic appendicitis and high intestinal obstruction. The diagnosis of such symptoms would rest on the *history*, the presence or absence of colic, the pain—its character, location, and transmission or radiation—the presence or absence of tenderness and its

location, and the results of a thorough study of the findings after gastric analysis, blood counts, urinary analysis, and radiographic examination.

*Gastric and Duodenal Ulcer.* This is the most common lesion of the stomach and duodenum. In a typical case of duodenal or gastric ulcer there is usually a very characteristic *history*. In the first place there is a decided *chronicity* to the *symptoms*, and there is not really severe pain, never intense and colicky, but rather a feeling of discomfort, of a gnawing or burning character. This pain comes on several hours after eating, usually three to five hours, and is relieved by taking food or some alkali, usually bicarbonate of soda. According to Graham, quoted by Beckman, "The longer the period between food intake and the onset of symptoms, the lower the ulcer, as a rule. The more prompt the ease from food and the cessation of symptoms, the lower the ulcer." The *appetite* is good and *vomiting* is uncommon, except there may be *acid* eructations. These symptoms have also definite *periodicity*. They may occur, with only slight, if any, variations each day, and without any apparent cause and return again in a few weeks or months. There may be a definite point of tenderness, and, if so, it is apt to be to the left, in the epigastrium. This pain or distress may or may not be transmitted, but if it radiates to the right, it is more apt to be duodenal, and if to the left it is more apt to be gastric. The examination of gastric contents and X-ray examination will usually clear up the diagnosis. There is usually a hyperacidity, and if there is pyloric stenosis or hour-glass stomach, there will be the evidence of disturbed motility, and a few yeast and sarcinae. Occult blood may, or may not, be present in the stomach contents, but, if present, is not of positive diagnostic importance, but if present persistently in the *stools*, is extremely suggestive and helpful in diagnosis.

It is of greatest importance to remember that the diagnosis of ulcer is to be made on the subjective symptoms (the *history*) rather



than the *clinical findings*. Physical examination and laboratory findings are helpful aids in clinching the diagnosis. The history should be elicited by indirect rather than direct questioning and should go back to patient's early life.

In a recent issue of the *Boston Medical and Surgical Journal*, Dr. T. Bottomley reports his work on the stomach and duodenum for 1917, and says: "For the surgeon working under conditions which usually obtain, he values diagnostic means in the following order: (1) The *clinical history*; (2) the roentgenologic examination; and (3) chemical and laboratory tests.

*Gastric Carcinoma* may pursue a latent course, and exist undiscovered for a long time. The cachexia, palpable tumor, gastric motor insufficiency, absence of hydrochloric acid and presence of lactic acid and Boas-Oppler bacilli, dark "coffee ground" blood in gastric contents, and the filling defects discovered by X-ray, especially if taken in consideration with a chronic history of "stomach symptoms" (as indigestion, pain, etc.), make a diagnosis of gastric cancer comparatively easy. Unfortunately these symptoms are rarely all present, except in the *late stages*, and none of the above symptoms taken separately are pathognomonic. John B. Deaver, in an article on "Early Recognition of Carcinoma of the Stomach," *New York Medical Journal*, May 3, 1919, says, "There is perhaps no more insidious disease than carcinoma of the stomach. The X-ray and laboratory methods are not infallible. When carcinoma can be diagnosed by clinical signs it is generally too far advanced for more than palliative measures. One way of curing carcinoma is to avoid its development by operative removal of ulcers, a certain percentage of which are known to develop malignancy." The diagnosis of gastric carcinoma, despite the multiplicity of modern methods of scientific investigation, is a problem of the greatest magnitude, especially in *early cases*. The insidious development of the disease is often the cause of *diagnostic failure*, and Pope and Willmoth,

of Louisville, Kentucky, think that "*surgical exploration* must be included among the diagnostic methods in doubtful cases."

The *symptoms* which more definitely refer to the *gall bladder* are: The colicky *character* of the pain, its *location* and transmission to back and shoulder; jaundice, in case of any common or hepatic duct obstruction, a *palpable tumor*, in some cases of a large number of stones in gall bladder, or in empyema, or cystic gall bladder, where the cystic duct is obstructed; and the *location* of the *most marked tenderness* just over the gall bladder, about the junction of the ninth costal cartilage and the right semilunar line, elicited and located by the *Murphy method* of finger percussion.

The X-ray may or may not be of service in diagnosis of gall *stones*. It is of decided value, after an opaque meal, to eliminate an appendix pointing in direction of gall bladder; and also will show adhesions in neighborhood of duodenum or elsewhere in gastrointestinal tract. It is claimed that any gall bladder that shows on X-ray plate is pathological. The following case will illustrate the value of a complete radiological examination:

Patient (W. M.), male, age 48 years, fat (weight, 235 pounds), single, lawyer and farmer; always been a heavy eater and cigarette smoker. Drinks alcohol moderately and rarely. Venereal history negative. Chronic constipation. Family history negative and past personal history negative, except for history present illness.

Cannot remember exactly when he began to have periodic attacks of severe pain in epigastrium, associated with nausea and vomiting. Vomiting seemed to temporarily relieve pain. No jaundice during or subsequent to attacks of pain. Urine normal. Gastric contents showed slight hyperacidity. Alkalis (milk of magnesia and soda) sometimes relieved for a while. Never vomited any blood; has never lost weight. Has good appetite; no fever during attacks. Attacks last two or three days, and between attacks he is free from subjective symptoms. Physi-

cal examination: During attacks locates point of greatest tenderness over right side, about one inch below junction of ninth costal cartilage and semilunar line. Are these attacks due to gastric ulcer, gall-bladder disease, or is there some reflex cause in the lower abdomen? The Roentgen examination of the gastrointestinal tract, made by Dr. L. A. Cunningham, who is an expert radiologist, is as follows:

"The heart and chest look normal with the screen examination and vessel shadows show on enlargement.

"The food passes readily down the esophagus and shows no delay or spasm or irregularity.

"The stomach shows good tone and empties rather rapidly even for a high stomach of the transverse type as you would expect with his build.

"The bowel shows a general delay in emptying, and he has a long appendix arising from the inner border of the cæcum and running upwards and then curling around on itself and looks to be about nine inches long and shows signs of being poorly drained.

"The meal does not show any organic lesion of the duodenum or the stomach, nor does the enema show a lesion of the colon.

"The rapid emptying of the stomach suggests the possibility of a gall-bladder lesion, but is only suggestive. There is a definite, long, poorly-drained appendix. He also undoubtedly overeats and overworks his digestive organs. Gall-bladder examination negative."

Another case (P. L.), age 42, male, married, fat, editor, always been heavy eater and cigarette smoker, drinks moderately, venereal history negative. All history and examination negative except periodic attack of intense pain in epigastrium, tender to touch, most marked over gall bladder, associated with vomiting. Relieved by hypomorphine and all right for weeks or months, until another attack. Is usually constipated.

Roentgen examination shows:

"All parts of the tract are negative for an

organic lesion except the appendix and the gall bladder.

"The appendix show an enlargement of calibre for the last inch, tip end, and shows a retention of barium food. This would indicate a chronic catarrhal lesion.

"There was considerable pylorospasm and some residue of food at the end of six hours. With the absence of an organic lesion and no tenderness about the appendix, and the history, the gall bladder would be guilty of being primary in my opinion.

"No gall stones nor gall-bladder shadow nor adhesions of the duodenum in the gall-bladder region could be demonstrated. Neither could any renal calculus be shown.

"Colon outlined normally with the barium enema and showed some leak into the small bowel. He also expelled most of the enema.

"I believe that you have a gall-bladder lesion, although the appendix has to be considered and that the attacks he has are exaggerated attacks of *pylorospasm*."

These two cases show the difficulty of making a differential diagnosis between stomach, gall bladder, and chronic appendix conditions, and the absolute necessity of a careful study of each case, and a thorough use of all the means at our disposal for diagnostic purposes.

Space and time will not permit me to take up each disease in the abdomen that is sometimes associated with upper abdominal symptoms, but appendicitis, which is the most common of all inflammations in the abdomen, must be alluded to. We are all familiar with the symptoms of acute appendicitis, but it is well to remember the teaching of the late John B. Murphy, with reference to the *sequence of symptoms* in that condition. *First pain* (around umbilicus or more or less general in abdomen, later localizing in right iliac fossa); followed by nausea (probably vomiting); tenderness most marked over McBurney's point. Rigidity, or at least increased resistance of right rectus; fever, and increased leucocyte count, both total and polymorphonuclears. In chronic appendicitis

the symptoms are less definitely localized to the right lower quadrant of the abdomen.

In a female, it is always important to exclude inflammations of the tubes or ovaries in making a diagnosis of pain in the lower abdomen. Pain in lower abdomen, right side, in a female under twenty, with an *intact* hymen is almost always appendicitis. If married, or unmarried, a vaginal examination should be made in all women suffering acute pain in the abdomen. In a virgin the examination of vagina may stop at inspection, if an intact hymen is noted. An article, appearing in *Southern Medical Journal*, August, 1919, quotes Dr. Koehler, of Portland, Oregon, as follows with reference to "misleading stomach symptoms," which absolutely coincides with my experience:

"The more common lesions which give rise to symptoms referred to the stomach are appendicitis, arteriosclerosis, tuberculosis, gall-bladder diseases, locomotor ataxia and pelvic disorders. In the earlier stages of appendicitis the symptoms are frequently referred to the stomach. It is easy to be misled when the anatomic relation of the appendix is not normal. Many of our dyspeptic patients, especially men who work constantly in an atmosphere of worry and nerve tension, whose bodies have become saturated with toxins due to the excessive use of alcohol, tea, coffee, and tobacco, may be suffering from sclerotic changes. Almost every case of tuberculosis sooner or later shows some disturbance of the digestive organs. Many such cases come to us with gastric derangements long before the occurrence of signs which point directly to a lung involvement. In the same manner the gastric crisis is frequently the first manifestation in *tuberculosis dorsalis*. Acute attacks of gall-bladder infection give rise to nausea and epigastric pain frequently relieved by induced vomiting. The gynecologist, today, is curing gastric distress by correcting pelvic lesions. He repairs injuries, replaces organs and removes septic conditions with the best results. The care of the female genital organs is a most valuable aid in the treatment of disorders of the

stomach in women, and treatment directed to the digestive organs is frequently a failure because a correct diagnosis has not been made."

I have just recently operated on a lady, and have apparently cured her of very distressing nausea, by a perineal repair amputation of an ulcerated and sclerosed cervix, and replacement of retroflexed uterus.

*Kidneys:* Examination of urine (pus and blood), fist percussion over kidneys, and a consideration of the pain, its character and radiation, will usually detect any cause for symptoms which might be connected *with the kidneys*.

It is quite easy to get into a "*rut*" in the practice of medicine and surgery, and frequently from want of *time* or proper facilities we do not fully examine our patients before prescribing.

Many patients have come to me complaining of vague indefinite symptoms, indigestion, pain, etc., who tell me that they have had two or three doctors and are no better. When I begin to take a history and request certain examinations, they inform me that they have never been examined before. I find them perfectly willing to be examined, and pay for certain special examination; they are anxious to know, if possible, what is the matter, and to be relieved.

Gentlemen, the doctor who fails to properly examine his patients and avail himself of all the aids to diagnosis that are available, these days, is doing not only the patient but himself an injustice. A prescription, or an operation, that does not relieve or cure the patient, has done neither the doctor nor the patient any good. No operation, or prescription, will be successful without a correct diagnosis based on a carefully taken history, and a thorough examination. As we have seen, it is not always possible to diagnose the exact condition present in every case, but we can save ourselves the embarrassment of treating medically a surgical condition, or vice versa, save ourselves the chagrin, and the patient the risk to life from an operation, to relieve symptoms due to a medical or non-



surgical condition, as arteriosclerosis, tuberculosis, locomotor ataxia, etc. It is always possible to diagnose "an acute or chronic surgical abdomen," and a surgeon should be consulted as soon as possible after such a diagnosis is made. Nothing is to be gained from delay. To wait after a diagnosis is made in a case of acute appendicitis, for instance, is to court disaster.

As the late Dr. Murphy said: "The only thing to wait for is pus, perforation, peritonitis and death."

In conclusion, let me repeat "nothing succeeds like the patient's getting well," which is a success both from the standpoint of the doctor and the patient. The patient can only get well if the proper diagnosis is made and the proper treatment instituted at the proper time, unless it be through "good luck," or the kind ministrations of nature.

---

## THE DOCTOR AND THE DRUGGIST.\*

W. M. HANKINS, Ph. S.,

Daytona, Fla.

This subject, the relation existing between the doctor and the druggist, is one which has been discussed almost since the beginning of time, and has been covered most thoroughly by many more able to handle it than I. However, I think my close and most intimate relation with doctors, covering a little more than a quarter of a century, gives me a pretty definite idea of the facts as they exist today, have in the past, and as they should exist today.

If there are two professions which should enjoy the most cordial relations, it is those of the doctor and the druggist, though I am sorry to admit that such is not always the case. First, think of how dependent we are one on the other; then think of how dependent the public is on both. Does it not stand to reason that there should always be a kind and brotherly feeling between us?

You spend your five years of hard study to

learn to diagnose and to prescribe; we, in turn, put in our school term in being taught how to scientifically compound your prescriptions, and to pull you out of deep water when it comes to incompatibilities. Each and every one of you frequently runs against this trouble, and that is one of the many instances when the druggist is a friend in need. You doctors, as a rule, soon forget the cursive course you complete covering posology and incompatibility, your mind is taken up at the time with what you consider matters of more importance, so right then and there you determine that it is something you will leave to the druggist; and right you are, for after all we are considered the doctor's safety valve—for no matter what you write for, or what size doses you prescribe, or whether or not the ingredients are compatible, it's up to us to know. The druggist and not the doctor is held responsible for the action of the medicine on the patient. Gentlemen, this alone should demand the existence of a most cordial feeling between the two professions.

I realize that the greatest sin of the druggist in the eye of the physician is that unforgivable "counter prescribing," while on the other hand the druggist would not survive many moons if you doctors persisted in dispensing exclusively. So you see we both have our grievances, be they real or fancied. However, I am happy to say that in Daytona and vicinity neither of these sins of commission are carried to excess. Personally I discourage counter prescribing most vehemently, and I do so conscientiously, though there are times when we are forced to it in a measure. Invariably my clerks are told that its practice is not desired in my establishments, and to always try and have a physician called when such cases present themselves.

My intimacy and real friendly relations with the doctors of Volusia county and particularly those in the immediate vicinity of Daytona, where I have been located for the past eighteen years, renders it next to an impossibility for me to sanction anything of an unethical nature.

---

\*Read before the Volusia County Medical Society, at DeLand, December 17, 1919.

I realize you doctors do not sanction the development of recent years following our step from what you term an ethical pharmacy to that of the drug merchant of today, but, gentlemen, though it may appear to you that in taking this step we have commercialized our profession, I assure you that the true pharmacist is just as jealous of his prescription department today, if not more so, than ever before. Though the fronts of our present-day stores may resemble anything but the ethical pharmacy of a few years ago, I am positive that the majority of the prescription departments are better equipped today and in charge of more competent pharmacists than at any previous time. We are rapidly putting our stamp of disapproval on any kind of substituting to such extent that it has almost entirely disappeared. Not only that, but I think the stand the druggists have taken regarding the liquor question is a commendable one. By the laws of the nation we are allowed to handle and dispense liquors, but not one per cent of the druggists of the state of Florida have availed themselves of the opportunity — nor will they — for our State Pharmaceutical Association is working too hard for the betterment of our profession to stand for it.

In reading after an anonymous writer some time ago, I ran across the following lines under the caption of "My Guide," and I am going to suggest that they be carefully considered by each of the four professions represented here today. In case we see fit to live up to their teachings, I am sure it will make better and more thoughtful men of each of us:

"MY GUIDE.

"To respect my country, my profession and myself.

"To be honest and fair with my fellowmen, as I would expect them to be honest and square with me. To be a loyal citizen of the

United States of America. To speak of it with praise and act always as a trustworthy custodian of its good name. To be a man whose name carries weight with it wherever it goes. To base my expectations of reward on a solid foundation of service rendered; to be willing to pay the price of success in honest effort. To look upon my work as an opportunity, to be seized with joy and make the most of and not as a painful drudgery to be reluctantly endured.

"To remember that success lies within myself, in my own brain, my own ambition, my own courage and determination. To expect difficulties, and to force my way through them; to turn hard experience into capital for future struggles. To believe in my proposition, heart and soul; to carry an air of optimism in the presence of those I meet; to dispel ill temper with cheerfulness; to kill doubt with a strong conviction, and to reduce active friction with an agreeable personality. To make a study of my business, to know my profession in every detail, to mix brains with my efforts, and to use system and method in my work.

"To find time to do every needful thing by never letting time find me doing nothing. To hoard days as a miser hoards dollars; to make every hour bring dividends, increased knowledge of healthful recreation.

"To keep my future unmortgaged with debts; to save as well as earn. To cut out expensive amusements until I can afford them. To steer clear of dissipation and guard my health of body and peace of mind as a most precious stock in trade.

"Finally, to take a good grip on the joys of life, to play the game like a man; to fight against nothing so hard as my own weakness, and to grow in strength a gentleman, a Christian.

"'So I maybe courteous to men, faithful to friends, true to my God, a fragrance in the path I trod.'"

AMERICAN COLLEGE OF  
SURGEONS.

ANNUAL MEETING HELD IN NEW YORK

CITY, OCTOBER 20-24, 1919.

## PRESIDENTIAL ADDRESS.\*

WILLIAM J. MAYO, M.D., F.A.C.S.,

Rochester, Minnesota.

The American College of Surgeons is beginning its seventh year under most inspiring circumstances. More than three-fourths of the Fellows of the Association have been in their country's service and have returned to their work with renewed vigor and enthusiasm. In spite of the war years, the College has made progress along all lines. The Clinical Congress of Surgeons of North America has been taken over by the American College of Surgeons. In the future the educational, scientific, and moral standards of the American College of Surgeons will be maintained, and only its members and invited guests will be welcomed to the clinical meetings.

Standardization of hospitals has made great progress under the able leadership of the Director of Education, Dr. John G. Bowman. As the result of the efforts of the College, the great majority of hospitals in America of more than 100 beds will institute the restricted staff, and install the laboratory facilities and record systems which the American College of Surgeons believes to be essential.

It is the desire of the Founders of the American College of Surgeons that the association shall be democratic, and that its membership shall be open to all those men of sterling character, ability, and training in general surgery and in the various surgical specialties, who are within the limits of North America. For, when all is said and done, the College stands for service to all the people, and unless a sufficient number of men of high ideals and professional qualifications

is eventually secured, the organization will have failed to live up to its great opportunities.

The exact number of men required to perform the duties of caring for the various serious surgical ills of the 115,000,000 people of North America is at this time a matter of speculation and, so far as I know, there are no data on which such a computation can be based. However, an estimated number might be fixed to serve as a target for criticism, of at least one surgeon to 10,000 persons. This percentage is about the same as that furnished to England by the Royal College of Surgeons of London. That there will be, in the next decade, such a number of eligible men, I am confident. Objection has been raised to an association of so large a membership; it is maintained that this would mean a lowering of educational standards. If the principle is established that the association first of all is for the benefit of the people, I believe a working arrangement can be made which will, in a tentative way, meet the requirements. The next generation will not be so greatly troubled as the present one by questions of educational standards. The medical standards of the whole country have been raised to a point not exceeded by those of any other country in the world. In the present generation, by reason of divergent standards, there will have to be a certain amount of latitude to meet the existing conditions.

Knowledge obtained by observation, experience, and from the printed page, is possessed by many men. When knowledge is translated into proper action we speak of it as wisdom. Many men have great wisdom, in their knowledge of useful things, yet may have but a limited book learning. Personally, I believe that the wise honest man who can bring a higher order of skill to bear on surgical infirmities should not, at least in this generation, be refused admission to the College because of a lack of fundamental training.

In the adoption of standards or requirements for admission into the American College of Surgeons, character should be first

\*Delivered at the Seventh Convocation, New York City, October 24, 1919.



considered. The dishonest, conscienceless man who has surgical skill is most dangerous in any community. Unnecessary operations, even when performed with a high order of technical ability, are the bane of present-day surgery, but, owing largely to the American College of Surgeons, such practices are markedly on the wane. However lenient we may be in estimating the value of the older and disappearing generation of surgeons, our standards for the younger and coming generation of surgeons, who have had and who will have had opportunities to acquire learning, should be high and increasingly high as future standards and educational requirements are raised.

In the future, the American College of Surgeons will not only demand that the candidate shall be a graduate of a reputable medical school and have had hospital experience and be licensed to practice, but also that he shall have had special training in the particular surgical specialty which he intends to practice. In making these requirements it is the duty of the College to see that facilities for obtaining the special training are developed. Three years at least will be required for such special training. At the present time the man who possesses the B. S. and M. D. degrees and has had one year of hospital training averages 27 to 28 years of age. Add three years to this training and he is 30 to 31. Will this secure the best results or will the man reach his life work at too late an age? We must also consider that during the entire period of his education he is not self-supporting. Will not this have a tendency to make the surgeon a member of an aristocracy to the ranks of which the sons of rich men will be the only ones who will have easy entrance? Investigation was made of the professional standing of the graduates of the medical department of the University of Michigan fifteen years after graduation. It was shown that those who graduated before their twenty-fifth year had made, on the average, greater scientific progress and were a greater asset to their community than those who graduated after the twenty-fifth year.

I think we are all agreed that the actual time spent in the professional part of this education should not be shortened. I think we are also agreed that one of the faults of the educational system of our country is a loss of time and effectiveness in the preliminary educational methods. The university has been made the base of our educational system and it should be the apex. Only a small percentage of those who enter our public schools ever reach the university, yet the university greatly influences the educational policy even in the grade schools. I am convinced that at present two years of time are lost in the grade schools, and that the education given is not altogether the most desirable for the making of American citizens. A six-year course of grammar school education, divested of any university significance, should be a strict government requirement in all schools, private as well as public, and given in the American language. It should be the purpose to give a common education in the common things that are to make us a united people, and such an education might well be made a requisite for the exercise of suffrage.

The high school could be reduced to three years instead of four, and in it for the first time should the university be considered. Languages should be optional in the high school, but I believe that Latin and modern languages are of great value to the professional man. The high school now recognizes the material facts of life, and gives an education in mechanics and agriculture, business, and the industries, as well as the traditional cultural education, and these courses should be further extended.

It is sometimes difficult to follow the academic mind. The more or less cloistered life that is led by many college professors has given traditional cultural education too great an influence. Modern educators today do not believe that teaching in one subject as, for instance, mathematics, has greater power of mental training than other subjects. The old time educator would consider this rank heresy. His mind still clings to the view that

any education which might be used commercially is not cultural, a view which is wholly undemocratic and based on an outworn caste system.

In no place has this traditional view of education been more pronounced than in the universities. It has been only within recent years that the university faculties would accept the view that the anatomy and physiology of man had cultural training value, although they were convinced that the anatomy and physiology of plants had such value. There has been a slowness of universities to give credits for any kind of work which might be used for gaining a livelihood, even so holy a cause as caring for the sick. And today, less credit is given in these subjects than for others which have no more training value. Do not understand me as desiring to lower the standards of universities in relation to cultural education. Far from it; but I do object to the present attitude which desires to force every type of education into the one mold. The great problem now is to obtain the money to give an education to all those who desire it. The purpose of the university is to give an education not to the few, but to the many; and it should be emphasized that the giving of degrees is only incidental to this purpose. Every unnecessary step, every unnecessary regulation which delays or obstructs the progress of a student prevents some one else from obtaining an education. The academic answer is: Raise standards until the number of those who can — not desire, but can — obtain an education is reduced to the number who can be given the present form of education. Our country depends not on a cultured class alone, but on the average intelligence, and in the last analysis on the number who will be able to obtain an opportunity to get an education. It should be the duty of the Fellows of the American College of Surgeons to see that certain existing conditions be remedied so that the medical schools may graduate their students at an earlier age.

In this connection, I quote from the 1918 report<sup>1</sup> of C. G. Schultz, superintendent of education of the state of Minnesota, now of

the Government Department of Education, Washington:

"It requires a total school enrollment of approximately four hundred fifty to produce one college graduate. No one questions that it is desirable that this one graduate should be produced. But that a large part of the energies of a school community should be devoted to this end seems lacking in sound business sense. Surely such a procedure in no way contributes to the fulfillment of our democratic ideal of the open door to equal opportunity. In order that we may prepare one pupil for college we cannot justify the neglect of those forms of training distinctly desirable for the four hundred forty-nine who must follow pursuits other than those open to the college graduate. The same reasoning leads to the conclusion that we cannot justify our insistence upon the maintenance of high schools for the sole purpose of training all pupils to go to college when only one out of ten goes and only one out of thirty graduates."

The expense of our educational system is a serious burden on our taxation resources. By efficient methods a much greater percentage of our young people might secure higher education without an increase of the present burden. The average child should not be entered in the common school under the age of seven, but should be taught in the kindergarten, given six years in the grade school, and three in the high school. At sixteen the student who desires it is ready for university training. The freshman and sophomore years, under university supervision, may be given in the home high school under home influences. At the more mature age of 17 to 18 the students leave for the junior and senior years in the university. Such a program contemplates cutting only three years from the grade and high schools, does not increase the cost, and doubles the capacity of the university for the giving of advanced education. This is not purely theoretic; such university high school courses are now given

1. Twentieth Biennial Report, Department of Education, Minnesota, 1917-1918.

with university credits in some of the cities of Minnesota, among others Rochester, where C. H. Mayo, as one of the city school commissioners, has made the plan a success.

Another problem for which some wise solution must be found is the future management of the annual clinical meetings of the association. Even at the present time, with a limited membership, there are few cities in this country that can adequately care for the visitors at the meetings. It may be that a partial solution will be found in the development of clinical meetings to be held in various states or parts of the country in addition to the annual meeting for the convocation. It has also been suggested that the attendance at the annual meetings shall be limited to the members of the association, but, inasmuch as it is our intention to make the fellowship the first goal of the ambitious young surgeon after the completion of his training, it would seem that, so far as possible, promising young men should be admitted as invited guests.

In developing the sectional clinical meetings it should be borne in mind that the essential idea is educational — to develop better surgery. We must, however, remember that we, as a College, have a duty to perform to the public and to the profession, and this can best be brought about by close affiliation with the organizations representing medicine as a whole. We urge upon every Fellow that he become a member and a conscientious worker in his County and State Societies, and in the American Medical Association.

*Men who cannot become fellows because of lack of moral character should not be allowed to give demonstrations or hold clinics under the auspices of the College.*

Finally, I would call attention to the desirability of making the College of Surgeons truly American, by affiliation with the universities of the sister republics in South America. The University of Lima, Peru, is the oldest university in America, and many of the South American universities have attained pre-eminence as educational institutions,

with whom it would be of great benefit to be associated. I am sure a way will be found to consummate so desirable an alliance.

## PROPAGANDA FOR REFORM

A PHARMACEUTICAL CLEARING HOUSE.—The Council on Pharmacy and Chemistry of the American Medical Association is carrying on a work of great usefulness to doctor and layman. Actuated by no selfish interests, condemned by designing sharks who wish to exploit their frauds, and ridiculed by the jealous manufacturers of pharmaceuticals, the Council pursues the even tenor of its labors, playing no favorites, exposing frauds wherever found, and awaiting not the stamp of approval, of praise, or of gratitude from any one. This "clearing house" is the medium through which physicians may learn the unvarnished, straightforward truths about proprietary products. A plea of ignorance of proprietary articles used does not excuse the physician, since it is his duty to follow the course of instruction offered by the Council and to appeal to this clearing house for information. (*Southern Medical Journal*, September, 1919, p. 581.)

LUBRICATING JELLY.—The subjoined formula for an inexpensive lubricating jelly has been used in the German Hospital (now the Lankenau Hospital), Philadelphia, for a number of years: Tragacanth, whole, 3 gm.; glycerin, 25 c.c.; phenol, 1.5 gm.; distilled water to make 300 c.c. The tragacanth is broken in small pieces and put into a wide-mouthed bottle; the other ingredients are added and the bottle is frequently shaken. (*Jour. A. M. A.*, Dec. 13, 1919, p. 1852.)

THE PREVENTION OF SIMPLE GOITER.—O. P. Kimball, J. M. Rogoff and D. Marine publish their third paper on the effect of sodium iodid in the prevention of goiter in school children. They conclude that simple goiter in man may be prevented and that the method may be carried out as a public health measure. Two gm. of sodium iodid given twice yearly seems adequate for the purpose. (*Jour. A. M. A.*, Dec. 20, 1919, p. 1873.)



**MORE MISBRANDED NOSTRUMS.** — Rubino Healing Springs Lithia Water was found misbranded under the Federal Food and Drugs Act because it did not contain enough lithia to entitle it to the name "lithia water" and because of false claims as to its therapeutic value. Lower's Hot Springs Pure Blood Remedy was declared misbranded because it was freely represented to be a treatment or remedy for syphilis, paralysis, catarrh, eczema, malaria and other diseases. Analysis showed it to be a weak alcoholic solution containing sugars, small amounts of chlorides, iodides and sulphates (probably as the sodium salt), and vegetable extractives, among which are podophyllum and an atropin-bearing drug. Kuhn's Rheumatic Specific was declared misbranded because it was sold as a cure for all forms of rheumatism, neuralgia, blood diseases, lumbago, etc. It was found to be a water-alcohol solution containing essentially potassium iodid, iodine and sugar with indications of small amounts of plant material and aromatics. Schade's

Specific and Female Regulator was declared misbranded because the therapeutic claims for this "female regulator" was found false. It was a water-alcohol solution containing chiefly sugar, aromatics, essential oils, licorice and bitter plant extractives. (*Jour. A. M. A.*, October 11, 1919, p. 1151.)

**THE WILLIAM A. WEBSTER COMPANY AND THE DIRECT PHARMACEUTICAL COMPANY.** — The Direct Pharmaceutical Company of St. Louis is apparently merely a sales agency for the William A. Webster Company of Memphis, Tenn. In government bulletins issued in October, 1913, there were reported some cases of adulteration and misbranding on the part of the William A. Webster Company. In a similar bulletin issued in August, 1914, there were reported several more cases of adulteration and misbranding charged against the William A. Webster Company. In a government bulletin issued in June, 1917, the same company was charged with adulterating and misbranding Aspirin tablets. (*Jour. A. M. A.*, October 18, 1919, p. 1231.)

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

**AMERICAN SOCIETY FOR THE CONTROL OF CANCER**

### FACTS ABOUT CANCER.

Cancer is unquestionably increasing throughout the world.

At the beginning cancer is usually painless and difficult to detect.

At its first small growth it can be safely and easily removed by a competent surgeon.

Cancer is not a constitutional, or "blood" disease.

Cancer is not contagious.

Cancer is, practically speaking, not hereditary.

Every lump in the breast should be examined by a competent doctor.

Persistent abnormal discharge or bleeding is suspicious.

Sores, cracks, lacerations, lumps, and ulcers which do not heal, and warts, moles, or birthmarks which change in size, color, or appearance, may turn into cancer unless treated and cured.

Probably 60 per cent of cancers of the rectum are first regarded as piles. Insist on a thorough medical examination.

Continued irritation in some form is the usual cause of cancer. It rarely results from a sudden injury.

A doctor who treats a suspicious symptom without making a thorough examination does not know his business.

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. K. ME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLOEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties: J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Suwannee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties: Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties: Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R. L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties: W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGHESS, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting — DAYTONA — May, 1920

## THE NEW BACCHUS.

No longer should artists—at least American artists—represent Bacchus astride a wine barrel; the little god should be depicted astraddle a "patent medicine" bottle. While no statistics are at hand—largely because those who could collect such statistics are not going to publish them—on the increase in the consumption of the numerous highly alcoholized "patent medicines" since the advent of national prohibition, there is no question that the sales of these products have been mightily augmented. As every physician and pharmacist knows, there are on the American market a number of widely advertised and extensively sold "patent medicines" whose most potent ingredient is alcohol. All such preparations, of course, contain, in addition to the alcohol, certain drugs on which the manufacturers base their therapeutic claims. These drugs, in nearly every instance, are either harmless or, if potent, are present in such small quantities as to have a negligible physiologic effect.

The problem of controlling the sale of these alcoholic medicines can be satisfactorily solved in only one way and that way is to prohibit the use of alcohol in preparations of the "home remedy" type, that is, in those products which are sold indiscriminately to the public for the self-treatment of disease. Such action has already been taken with reference to a drug like cocaine, for instance, and in a modified form with reference to opium and its derivatives. Alcohol is a powerful drug. It is likely to be misused; so likely, in fact, that the United States has decided it is too dangerous to be used for beverage purposes. If alcohol is to be used for medicinal purposes it should be under medical supervision and the medical profession should be held as strictly accountable for any misuse of the drug as it is now held responsible for the misuse of the drugs covered by the Harrison Narcotic Law.

The manufacturers of "patent medicines" of the alcohol type all deny that the alcohol is present for its drug action; it is used as a "solvent" or as a "preservative" or "to

prevent freezing" or for some other reason. They argue that certain drugs can be extracted only by means of alcohol. This is true. It is equally true that after these substances have been so extracted, the alcohol can be evaporated and the drug principles that are left can be put up in the form of tablets or capsules. In many instances glycerin can be used as a solvent where a liquid medicine is desired.

One of the chief arguments put forth by the manufacturers of alcoholic "patent medicines" is of the *ad hominem* type. They declare that physicians prescribe tinctures, fluidextracts, etc., which contain alcohol in varying amounts. Very true. Physicians also prescribe such dangerous drugs as cocain, morphin, strychnin and arsenic, when in their judgment such drugs are indicated. This is no reason, however, why dangerous drugs should be sold indiscriminately to every Tom, Dick or Harry who has a pain or who, by reading nostrum advertisements, has been made to think he has a pain.

The nub of the whole thing is that none of these alcoholized "patent medicines" would have any vogue were the alcohol removed; neither would such removal affect the therapeutic value—real or supposititious—claimed for such products.—*Jour. A. M. A.*

#### A QUARTER CENTURY OF SERUM THERAPY IN DIPHTHERIA

In a recent address before the Académie de médecine of Paris, Louis Martin<sup>1</sup> recalled that in September, 1894, Roux communicated to a medical congress in Budapest the results of his pioneer studies on the serum therapy of diphtheria. To physicians of the present generation it seems long ago that Behring and his collaborators, Kitasato and Wernicke, definitely showed that the cell-free blood serum of animals immunized with diphtheria toxin acquires the power to protect other animals of the same and different species

against the poison. Yet, in the quarter century that has elapsed since Roux put to the test of human clinical experience the treatment discovered by Behring, what enormous practical advantages to mankind have been derived from these brilliant scientific investigations. The outcome with the first larger group of diphtheria patients who received no other medical treatment than administration of antidiphtheritic serum was so striking that the procedure found prompt recognition from clinicians. Serum therapy in diphtheria became an accepted method. It is unnecessary to dwell on the fact that the mortality in this disease has been reduced from 30 per cent or more to 8 per cent or less in practice. The beneficent results can be learned from the experience of every community in the civilized world. The maximum of therapeutic efficiency has not yet been reached. With speedier diagnosis, with more direct methods of introducing the antitoxin, with better concentration and preparation of the latter, and with more heroic dosage in emergencies, the results seem destined to become even more favorable than they have been in the past. Now that the war is over and men can once more turn their thoughts to activities that are worth while, let us remember that the discovery of diphtheria antitoxin was not an overnight affair or a chance find. Only patient, laborious researches brought ultimate success. In the study of diphtheria, by which such brilliant results have been achieved, the laboratory and the clinic have worked hand in hand. Looking forward to further great discoveries in the domain of medicine, let us not fail to encourage in the case of other diseases likewise this fruitful collaboration between science and practice.—*Jour. A. M. A.*

#### NEARLY 4,000 NURSES LISTED.

Miss Jane Hitchcock, chief of the Division of Public Health Nursing, of the Bureau of Information for Nurses, and Miss R. Inde Albaugh, chief of the Division of Institutional Assignment, reported to the Confer-

1. Martin, Louis: Vingt-cinq années de sérothérapie antidiphthérique, *Bull. de l'Acad. de med.* 82: 173 (Oct. 14), 1919.



ence of Division Representatives of the Red Cross Department of Nursing, held at National Headquarters, November 17-22, that nearly 4,000 nurses have been entered in the files of the Red Cross Bureau of Information for Nurses.

"Jobs for Nurses and Nurses for Jobs" is still the slogan of this Bureau, established in February, 1919, to help nurses released from military service, both overseas and in this country, to enter those branches of the nursing profession which most interested them. Here, too, the Red Cross has cooperated with the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, as well as in establishing close contact with the hospitals, institutions and public health agencies now so badly in need of nurses.

Miss Hitchcock, representing jointly the National Organization for Public Health Nursing and the American Red Cross, reported the demand for public health nurses "on the old gold fields of the Pacific Coast, in the rural districts of the Rocky Mountains, in the oil fields of New Mexico, Arizona and Oklahoma, in the southern mountains, at the little crossroads hamlets in the Middle West, in quaint, old-fashioned New England." To the nurse who loves outdoor life, her work in rural communities is one of constant interest and adventure. Sometimes she goes about her work in a Ford car; a saddle horse may carry her up the mountain trails to seek out an isolated case of tuberculosis. After she has won the confidence of her community, she becomes a beloved and honored member of it. Furthermore, her eight hours of duty allow her to have her own home and fireside, and her little vegetable and flower garden if she lives in the country."

"The Division of Public Health Nursing of the Bureau of Information for Nurses," continued Miss Hitchcock, "now has in its files the papers of 1,274 nurses interested in public health nursing. Many of these have already been referred to positions; others are now taking courses in public health nursing

by means of the Red Cross scholarships and loan funds; still others are associated with the staffs of visiting nurse associations and preparing themselves for future work. In the meantime we are getting into communication with many public health agencies in all parts of the United States, and have many excellent opportunities for placing public health nurses."

Miss R. Inde Albaugh, chief of the Division of Institutional Assignment, to whom requests for nurses other than those interested in public health nursing are referred, reported on the activities of this Division.

"We have 2,353 names of nurses now represented in our files," Miss Albaugh stated, "and have also received 1,716 requests for nurses, including superintendents of hospitals and of training schools, instructors, supervisors, X-ray nurses, and practically every branch of the profession except public health nurses. Of these we have definite information that 805 nurses have accepted positions through this division. This number is in all probability much larger, as we have great trouble in making the nurses report back to us when they have accepted a position. We have also assigned 398 prospective student nurses to various hospitals. One of the sidelines which this division has developed has been that of interesting the Board of Military Relief and the Federal Board of Reeducation in the cases of nurses who have returned, incapacitated, from military service."—*The Red Cross Bulletin*.

## NEW AND NONOFFICIAL REMEDIES

TUBERCULIN "B. E." (LEDERLE). — In addition to the forms previously described, New Tuberculin "B. E." (see New and Non-official Remedies, 1919, p. 280, and N. N. R. supplement, p. 10) is also marketed in packages containing a stated amount of tuberculin with sufficient diluent to make 1 c.c. as follows: Dilution A containing 0.1 c.c., Dilution B containing 0.01 c.c., Dilution C containing 0.001 c.c., Dilution D containing 0.0001 c.c., Dilution E containing 0.00001

c.c., Dilution F containing 0.000001 c.c. Lederle Antitoxin Laboratories, New York.

**SODIUM DIOXIDE, DENTAL-R. AND H.**—A brand of sodium peroxide complying with the New and Nonofficial Remedies standards, but containing at least 90 per cent of sodium peroxide, and iron not to exceed 0.006 per cent. For a discussion of the actions and uses of sodium peroxide, see New and Nonofficial Remedies, 1919, p. 216. Roessler and Hasslacher Chemical Co., New York. (*Jour. A. M. A.*, Aug. 23, 1919, p. 607.)

**TYPHOID-PARATYPHOID BACTERIN (SPECIAL BACTERIAL VACCINE No. 13).**—A typhoid vaccine (see New and Nonofficial Remedies, 1919, p. 292), marketed in 10-c.c. vials, each cubic centimeter containing 1,000 million killed *B. Typhosus*, 750 million killed *B. Paratyphosus* "A," and 750 million killed *B. Paratyphosus* "B." Fred I. Lackenbach, San Francisco.

**TUBERCULIN "O. T." (LEDERLE).**—Old Tuberculin (see New and Nonofficial Remedies, 1919, p. 277.) Marketed in packages containing a stated amount of tuberculin and sufficient diluent to make 1 c.c. as follows: Dilution A containing 0.1 c.c., Dilution B containing 0.01 c.c., Dilution C containing 0.001 c.c., Dilution D containing 0.0001 c.c., Dilution E containing 0.00001 c.c., Dilution F containing 0.000001 c.c. Lederle Antitoxin Laboratories, New York.

**BENZYL ALCOHOL-VAN DYK.**—A brand of benzyl alcohol which complies with the New and Nonofficial Remedies standards. For a description of the actions, uses and dosage of benzyl alcohol see New and Nonofficial Remedies, 1919, p. 52. Van Dyk & Co., New York City.

**CINCHOPHEN.**—A nonproprietary name applied to phenylcinchoninic acid (*Acidum Phenylcinchoninicum*, U. S. P.) For a description of the actions, uses and dosage, see under Phenylcinchoninic Acid and Phenylcinchoninic Acid Derivatives, New and Nonofficial Remedies, 1919, p. 226.

**CINCHOPHEN-ABBOTT.**—The Abbott Laboratories have adopted the name cinchophen for the product accepted for New and Non-

official Remedies as phenylcinchoninic acid-Abbott. (See New and Nonofficial Remedies, 1919, p. 227.)

**CINCHOPHEN-MORGENSTERN.**—Morgens-tern and Company have adopted the terms cinchophen and sodium cinchophen water for the products accepted as acid. phenylcinch.-Morgenstern and sodium phenylcinch. water-Morgenstern. (See New and Nonofficial Remedies, 1919, p. 227.)

**CINCHOPHEN-CALCO.**—A brand of cinchophen. It complies with the standards for *Acidum Phenylcinchoninicum*, U. S. P. The Calco Chemical Co., Newark, N. J. (*Jour. A. M. A.*, Sept. 13, 1919, p. 837.)

**CHLORAZENE SURGICAL GAUZE.**—Gauze impregnated with, and containing approximately 5 per cent of chlorazene. For a description of chlorazene, see New and Nonofficial Remedies, 1919, p. 137. The Abbott Laboratories, Chicago.

**SOY BEAN GRUEL FLOUR.**—A flour prepared from the soy bean, having approximately the following composition: protein, 44; fat, 20; sucrose, 10; ash, 4.3; fiber, 2; water, 4.6. Soy bean gruel flour may be used for preparing muffins. It is indicated in cases in which a diet relatively free from carbohydrates is desired, as in diabetes, amylaceous dyspepsia, etc. It has also been suggested for the diet in obesity. Cereo Company, Tappan, N. J. (*Jour. A. M. A.*, October 18, 1919, p. 1215.)

**HIRATHIOL.**—An aqueous solution of a synthetic product, the important medicinal constituents of which are ammonium compounds containing sulphur in the form of sulphonates, sulphones and sulphides. It is claimed that hirathiol is equivalent in every respect to the original ichthyol; hence, its actions, uses and dosage should be similar to that of the older preparation (see Sulphoichthyolate Preparations, New and Nonofficial Remedies, 1919, p. 319). Hirathiol is a syrupy, brownish-black liquid, having a characteristic empyreumatic odor. It is soluble in water, glycerin and alcohol. It is miscible with fats. Takamine Laboratory, Inc., Clifton, N. J.

## PUBLISHER'S NOTES.

### HAND IN HAND.

One of the main reasons why there has been such a marked improvement in the wholesomeness and healthfulness in food products the last ten years has been on account of the cooperation between pure food officials, domestic science teachers, and the medical profession. These three elements have been working toward a common end—our protection against unscrupulous manufacturers who have not based their claims to business on the quality, but rather on cheapness and who, in their endeavor to market their products on price or quantity, have often resorted to substitution and to the use of unwholesome material. Though progress has been made, yet much remains to be done.

Mr. Harry L. Eskew, Food Commissioner of Tennessee, has been very active in his efforts to safeguard the health of the people of his State. In the *New York Journal of Commerce* he has the following to say about so-called Self-Rising Flour, which is used in certain sections:

"I would not tolerate flour products like some of the 'self-rising flour' sold in a large part of the South, the concomitants of which are alike unknown and not to be ascertained by the consumer and whose purity in the matter of phosphate is open to serious question as a deceptive agency."

When the need of improvement of certain food products is pointed out so definitely and

at the same time is backed up by thousands of domestic science teachers throughout the country, it is quite natural that American housewives will gradually become schooled in the proper selection of food products, and at the same time demand proper labeling of all food products, and to gain this end, the medical profession will continue to play an important role.

---

The Abbott Laboratories of Chicago have been using half-page space in this Journal. Their success warrants them in using a full page at this time, and our readers will find their full-page announcement in this issue. This evidence that the readers of this Journal are careful to patronize our advertisers is gratifying, and is a tribute to the policy which this Journal long since adopted, of publishing in its advertising pages only such medical products as have been accepted by the Council on Pharmacy and Chemistry.

The readers have come to know that this Journal protects them; and as a consequence they may unhesitatingly purchase the products which are advertised in this publication.

In answering the Abbott advertisement, each reader should use the coupon attached to the page advertisement, so this Journal will receive credit for the inquiry.

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, February, 1920

Number 8

## ORIGINAL ARTICLES

### A FEW THOUGHTS ON INFLUENZA AND ITS RELATION TO PREGNANCY.\*

R. R. KIME, M.D., F.A.C.S.,  
Lakeland, Fla.

Considerable investigation in both military and civil practice has been done as to the cause of influenza, and the consensus of opinion seems to be that it is not due to any one specific microorganism.

It seems very well established that the bacilli vary in this epidemic in various sections of the country and at the various cantonments. Also that the germ-producing pneumonia in these cases varies and is often not typical of the ordinary forms of pneumonia.

These are very important considerations, for no specific serum or vaccine can be used scientifically until you know the specific germ causing the disease.

A committee from the American Public Health Association (*A. M. A. Jour.*, December 21, 1918) made the following statement: "The epidemic disease known as influenza is believed to be due to an undetermined organism which causes an infection that lowers the resistance of the body as a whole, and of the respiratory organs in particular. This allows the invasion of other microorganisms. The most important complicating infections are due to the influenza bacilli, different strains of pneumococci and different varieties of streptococci. Some careful observers regard certain of these organisms as the primary cause. In each case one or several of these microorganisms may be

present. In different portions of the country the dominating variety of organisms has been found to differ."

Fennel, in the Department of Pathology, Army Medical School, tells us (*A. M. A. Jour.*, December 28, 1918, page 2116) that Dochez and Gillipsie divide all pneumococci into four groups—I, II, III, IV; that Lister increased this number to eight or ten. In the army cantonments these four groups were recognized and many cases were treated accordingly, yet this method of treatment has not been fully established, and especially in private practice.

Later investigations seem to give better results from lipovaccine. Most writers agree that nearly all severe cases of influenza have pneumonia. Also that most of the deaths from influenza are due to pneumonia. As a corollary to this I would say, break up the influenza and prevent death.

The same committee from the American Public Health Association states: "There is no known laboratory method by which an attack of influenza can be differentiated from an ordinary cold or bronchitis or other inflammation of the mucous membranes of the nose, pharynx or throat."

Until such demonstrations can be made it is the duty of every physician to treat his cases of influenza as energetically as he would a severe cold, being mindful of the severe prostrations that follow some cases. To my mind there are three important phases to be remembered in treating influenza: its communicability, its prostrating effects, and the dangerous complications that are so likely to follow. We also have three general principles involved in treating these cases successfully so far as our present knowledge

\* Read at meeting of the Polk County Medical Society.

is concerned — antiseptic, eliminative and supportive.

From present indications influenza is very likely due to microorganisms probably of more than one variety, and the variety varies at different times and in different places so that a specific vaccine is not likely to be developed soon. A polyvalent vaccine of uncertain results is all that vaccine therapy can give us at present.

Hare's Therapeutics, latest edition, page 631, states: "The writer believes that the field of efficiency of so-called vaccines is constantly narrowing and that before long this plan of treatment may be perhaps considered obsolete. These pessimistic remarks deal with the vaccine treatment of infections already developed; not with prophylaxis by vaccines to prevent typhoid fevers."

Need I say we have therapeutic remedies time-tried that have marked value in the treatment of colds and influenza. We are too prone to chase the "rainbow of promise," following the fads and fashions of the day, failing to utilize the commonplace things that are at our command daily, and camouflaging with new things of which we know but little. Antiseptics properly used are of value in influenza. I do not understand why it should be thought a thing incredible that germs may be inhibited or destroyed in the mouth, throat, intestinal canal or in the blood, or even in the tissues of the body, by the use of antiseptics internally. Four physicians in an article on an "Epidemic of Influenza at Camp Sherman" (*A. M. A. Jour.*, November 16, 1918) recommend quinine as a gargle, stating it destroys pneumococci in weak solutions, the fact being thoroughly established in 10,000 cases. Quinine has been used time immemorial for colds, malaria, for inflammatory conditions; it destroys the amoeba coli, the pneumococci in weak solutions; it does not depress the patient, is a safe efficient remedy, and will in many cases prevent pneumonia and other complications.

Salol, sulphocarbolate soda and carbonate guaiacol are intestinal antiseptics, and in

reasonable doses do not depress and are efficient. Carbolic acid is also an antiseptic of value. Antipyrin, acetanilide, phenacatin and, I might say, aspirin are all depressants and contraindicated in influenza. The coal-tar group of antipyretics and sedatives are dangerous, not curative, in these cases and add to dangers of complications; their use should be condemned.

Those of us that passed through the epidemic of la grippe in 1889 and 1890 had confidence in camphor and I yet believe it has some efficacy.

Strong gargles, strong nasal douches or sprays as prophylactics do harm and favor the invasion of influenza by irritating the mucous membranes and destroying nature's protection; if used, they should be mild and nonirritating.

My usual treatment of an attack of influenza is about as follows:

Rx.—Carbolic acid 5ss, tr. gelsemium 5i, listerin 5iss, pepsencia q. s. 5iv. Mx. Sig. 5i every 2 to 4 hours, taken in little water.

Rx. No. 2—Camphor gr. vii, salol, sulphocarbolate soda, aa 5ss, quinin bisulph. 5i. Mx. ft. xv cap's dry. Sig. 1 cap. 2 to 4 hours. Alternating prescriptions.

Keep up both until clear of fever, two hours at first, four hours later.

If bronchial disturbance, in place of listerin and pepsencia use citrate of potassium and a sedative cough mixture containing heroin or codea. If heart's action weak or later in disease, give tr. digitalis in place of gelsemium. Each night give calomel gr. 1/4 to 1/2 and a saline next morning; this will keep up elimination. Keep in bed on light diet with plenty fresh air, then very few will be dangerously sick or have serious complications. Diet is a very important factor, as nothing adds to the toxic condition more than undigested food and want of elimination.

Doing nothing or temporizing methods, overfeeding, and want of proper care have killed many in this epidemic. I have no patience with the physician that will let his

patient die scientifically rather than treat him empirically.

Alcoholics in influenza have but little value and have no place in the treatment of this disease, that can not be better met by some other remedy.

Influenza complicating pregnancy has not been such a serious question in my work. I treat such cases on same general principles as other cases, except I give more sedatives such as codea, heroin, bromides and avoid quinin in large doses. If indications of miscarriage, I give codea, bromides and some viburnum preparation. Even if pneumonia sets in, I do not understand why some physicians advise emptying the uterus as a means of saving life.

The muscular exercise, the shock to nervous system, the loss of blood, the active lung exercise in process of labor adds to danger, and the chances of infection in such cases after labor, all contraindicate uterine interference. I am not now doing any obstetric work except at sanatorium, so will only refer to two cases that occurred there recently.

One case was treated for influenza by mail, telegraph and telephone on the above plan for special reasons, not knowing any physician where they lived. At the time I had to go to Hartford, Conn., on account of the death of my oldest son, who died of influenza and pneumonia before I arrived. Saw this case six days later improving, so that it was not necessary for me to remain. Four weeks later the patient left the East Coast at 6.30 p. m., arrived at the sanatorium at 2.30 a. m. and was delivered before 5.30 a. m., having traveled by auto 160 miles. Patient had no complications and made an uneventful recovery.

Case two had influenza and developed pneumonia. Living at Trilby, she could not get a nurse, and doctor could not give her attention on account of overwork. She arrived at sanatorium on the ninth day of attack; temperature 104; pulse 120 to 130, with excessive vomiting and persistent cough; about seven months pregnant. Used

medication per rectum with proctoclysis, quieted stomach by use of paregoric, listerin and milk magnesia combined, later other medication by mouth. Kept patient under influence of sedatives first few days, gave diuretics by rectum, also granopeptones, glucose and bicarbonate soda as indicated until medicines and nourishment could be given by mouth. Patient made a good recovery, returned home and delivered later normally.

In conclusion I would say in cases of influenza use active medication early, break up the attack, preventing complications and deaths. This active medication should be along antiseptic, eliminative, supportive lines, and not depressing, debilitating remedies or methods.

Since writing the above, in January, 1919, I see a report by Dr. Harris, of Baltimore (*A. M. A. Journal*), of 1,350 cases of influenza in pregnant women; his conclusions are:

1. Pneumonia complicated the influenza in about one-half of the pregnant women here reported.

2. In cases complicated by pneumonia, about 50 per cent of the cases died, the mortality being somewhat greater during last three months of pregnancy.

3. The gross mortality of all cases was 27 per cent.

4. Pregnancy was interrupted in 26 per cent of the uncomplicated cases, and in 52 per cent of the cases accompanied by pneumonia.

In cases ending fatally, abortion or premature labor occurred in 62 per cent. Thus in 38 per cent of the fatal cases the patient died without interruption of pregnancy.

5. The mortality of influenza was considerably higher (41 per cent) in the cases complicated by abortion or premature labor than in those in which pregnancy was uninterrupted (16 per cent).

This report more forcibly demonstrates the increased or added danger of bringing on abortion or premature labor in these cases.



## THE EXTRACTION OF URETERAL STONES BY NON-CUTTING METHODS.\*

E. P. MERRITT, M. D.,

Associate in Genito-Urinary Surgery, Medical Department, Emory University (Atlanta Medical College); Cystoscopist, Grady (City) Hospital; Urologist, Georgia Baptist Hospital, Atlanta, Georgia.

Stones lodged in the ureter at any point are mischievous, and give constant or intermittent pain. If of long duration, pathology of the kidney and ureter will follow, namely: of the kidney, hydronephrosis, pyelitis, pyelonephrosis, etc.; of the ureter, stricture, hydro-ureter, ureteritis, etc.

Ureteral stones often display a very misleading chain of symptoms. This is especially true of those of the right side; so much so that the appendix is removed, or some gall bladder operation done, leaving the main peace offender untouched. I have met with a few such cases. The doctor who does the operation is not always at fault. Sometimes it is an emergency; the symptoms point so directly to an acute appendix, and time is possibly so valuable that the patient must be relieved immediately, before other distressing complications arise. Again, the doctor may not have within easy reach such aids to expert diagnosis as the X-ray and clinical laboratory, or the services of a cystoscopist. Even with such aids, we must take into consideration the fact that, according to a majority of authorities, the X-ray fails to show about fifteen per cent of ureteral stones, and that clinical laboratory tests are helpful in only about eighty-five per cent of cases. The cystoscopist, with all the necessary devices at hand, plus the X-ray and laboratory, can, I dare say, diagnose at least ninety-five per cent, probably more, of ureteral calculi.

The great Osler once said that he could make correct diagnoses in only sixty per cent of cases before post mortem. We are, of course, considering here only one special

subject. Etiology and diagnosis will not be discussed in this paper—only symptoms and treatment.

To date, thirty-seven cases have come under my care. I have removed the stones from thirty-four of the patients by cystoscopic methods. The largest number of treatments given to any patient was six; the average number, three. In a high percentage of my cases, the work was done under local anesthesia. This can be done, unless there is some ureteral stricture, or the patient is hypersensitive to pain.

The diagnosis is made, as you know, by the methods mentioned above, plus a carefully taken history. We shall therefore omit its discussion at this time.

The pains are usually reflexed to the external genitalia, the lower abdomen, lumbar region, and inner side of thigh. There is tenderness over area of stone. Gas accumulates very readily in the intestines. There is frequent urination, often bloody, and generally cloudy. Nausea and vomiting are frequently seen. The facial expression is distressed.

The treatment that has proven successful in my hands is as follows:

After the diagnosis has been made, and the location of the stone determined, the cystoscope is introduced. If the ureteral meatus is very small, it is clipped with ureteral scissors. A two per cent novocain or papaverin solution is injected below, or above the stone, when possible. This is followed by a sterile olive oil injection. After this the various dilators are used to stretch the ureter. The patient is told to drink water or other liquids in abundance, and to keep out of bed if possible. Morphine is given freely, 1-100 gr. atropine every four hours until four doses are given. Each time the patient voids, the urine is strained and examined for stone.

In conclusion, let me say that this procedure is not entirely original with me. Its advantages may be summarized as follows:

1. The treatment does the patient no harm, if done carefully.

\* Read by invitation before the Twelfth District Medical Society, Dublin, Georgia, January 13, 1920.

2. It saves the patient a severe operation and confinement to the bed for weeks.

3. There is no sinus left in the ureter for future leakage.

The results, on the whole, are gratifying indeed, and the procedure should be resorted to in almost every case, before a surgical operation is done.

---

## THE PHYSICIAN AND THE HARRISON LAW.\*

E. B. BOWEN.

In referring to the physician in this paper, I take that he is a physician who does not dispense his own prescriptions or own a retail drug store, and is registered under the Harrison Law.

The preparations exempted by this law are enumerated in section 6, as follows:

"That the provisions of this Act shall not be construed to apply to the sale, distribution, giving away, dispensing or possession of preparations and remedies, which do not contain more than 2 grains opium, 1-4 grain morphine, 1-8 grain heroin, 1 grain codeine in one fluid ounce or, if solid or semi-solid, to avoirdupois ounce, or to linaments, ointments or other preparations prepared for external use only, except those which contain cocaine or any of its salts, or any synthetic substitute for them; provided, that such preparations are sold, distributed, dispensed or possessed as medicines and not for the purpose of evading the intention and provisions of this Act."

On all this part of the law the average physician is fairly well posted, but since the passage of this law it has been amended and the department has made various rulings so that the physician is unable to keep up with all phases of it. Most rulings do not affect the physician except that it is not possible for physicians to obtain narcotics only in certain prescribed ways, which I will take up later. The law as amended is mostly a revenue-

producing measure, as the increase in fees, for example, the physician's from \$1.00 to \$3.00 a year, will indicate.

All physicians know that they must register and pay a yearly license fee, and renew this every July 1st, purchase narcotic order blanks to purchase narcotics, but there are very few physicians that do this promptly. For a physician to obtain narcotics he must use narcotic blanks and not write a prescription.

At the passage of this law the physician was required to take an inventory of all narcotics coming under this law, in his possession, and keep a record of all purchased and dispensed, the patient's name, date and amount dispensed or sold, except to a patient whom he shall personally attend. This record should be kept for a period of two years, because some day an inspector may call for it, and if unable to produce it, you find a disagreeable species of inspector.

To sell, dispense, or distribute any of the aforesaid drugs by a dealer to a consumer, they must be upon and in pursuance of a written prescription by a physician, signed by him in his own handwriting, dated as of the day signed, with a register number, and the patient's name and address (if in a large city, street and number). This prescription cannot be partially filled, or refilled, or accepted by a dealer over the phone or verbally.

The druggist who accepts and fills a prescription that is not 100 per cent correct, gets in bad with the inspector.

This covers the law very well as originally passed. It has since been amended and a lot of complicated rulings made. These do not affect the physician, or what his rights are, but they do affect what a dealer's can do for him. For instance, dealers are divided into three classes, namely, manufacturer, wholesaler, retailer, each class being required to pay separate fees, and certain rulings put the dealer in all three classes if he does not watch himself. This would necessitate the payment of such heavy license fees that it would be impossible for the ordinary small druggist to handle narcotics.

---

\*Read before the Volusia County Medical Society, at DeLand, December 17, 1919.

Manufacturer is defined as "importer, producer, or compounder," and is required to affix stamp upon each original package marketed by him.

Wholesaler is one that sells only *in* original packages.

Retailer is one that sells only *from* original packages.

The following example will show how the department rules on each of these classes:

The physician takes to a dealer holding a retail dealer's license a correctly filled narcotic order blank, for 1 Tube 20 H. T. Morphine Sulphate, Gr. 1-4. The dealer fills it; he has violated the ruling and laid himself liable for a wholesale license and fee for nonpayment at that time. The wholesaler can only sell in original packages. The physician says, "Well, I will change it to 19 tablets so you can dispense *from* the original package." On this point it has been ruled that in so doing you create a new, original package and liable for a manufacturer's license. While this does not seem practical to the physician or retail druggist, it has been ruled thus and the dealer can do only as the ruling permits; it is a good plan for one druggist in each town to take out a wholesale license so that a physician can get what he wants the way he wants it in his legitimate practice. I will mention here that the sooner the physician makes up his mind to use Narcotic Order Blanks the way they were intended to be used, the less trouble he will have in some emergency.

There is but one exception to this ruling, that is a retailer can sell a physician upon Narcotic Order Blank stating formula, an aqueous solution of narcotic in a quantity not to exceed one fluid ounce for legitimate office use. In such case the container must bear a label bearing the name, address, date, and registry number of the physician to whom sold, the formula, and quantity sold.

Other than above mentioned, the retail dealer holding only retail license can only dispense narcotics under the law, upon a bona fide prescription of a physician registered under the law.

The various rulings would take consider-

able time to go into, most of which come within the scope of the three classes of dealers given above.

For the physician who wishes to keep within the law, would suggest that he does as the druggist will advise him, and this will keep all parties concerned out of trouble, as the druggist is willing to meet any requirement he can and stay within the law.

If there is anyone who would like to ask a question that he is not sure of, or that I have failed to make clear, I will try to answer it.

---

## AMERICAN PROCTOLOGIC SOCIETY.

*Annual Meeting held at Atlantic City,  
June 7-9, 1919.*

---

### SOME OBSERVATIONS ON PRURITUS ANI.

Dr. E. H. Terrell, Richmond, Va., stated that during the past seven months he had examined forty-four patients with pruritus ani. In thirty-nine of these small infected sinuses were found at or just beneath the ano-rectal line, and from these a small probe, bent at an acute angle, was found to pass downward under the skin of the affected parts. A careful and painstaking inspection of every part of the anal canal is necessary in locating these sinuses, and Dr. Terrell has found the "physiological anal speculum," devised by Dr. F. P. Nourse of Lewiston, Idaho, the best instrument for this purpose. In the severe cases of pruritus from three to four sinuses were found, but in the milder localized cases not infrequently only one sinus was found. It is the opinion of the author that the irritation from one sinus involves not more than one-fourth of the circumference of the anus.

The treatment consists in opening the sinuses from above downward, under local anæsthesia, using a bent probe as a guide. Twenty-five cases have been operated on by Dr. Terrell, after this manner, with complete relief of the symptom when the parts had healed.



## THE USE OF APOTHESINE IN RECTAL SURGERY.

Dr. William M. Beach, Pittsburg, Pa., said that modern surgery includes in its demands for finesse, freedom from terror, pain, post-operative complications, speedy recovery and careful technic. Local anæsthesia enables one to meet these requirements and he finds apothesine superior to most of such anæsthetics. It is a synthetic chemical in regard to which he draws the conclusions that it is relatively low in toxicity; is nonirritating and does not interfere with primary wound healing; is free from bad after-effects; can be sterilized by boiling; combines well with adrenalin, and is soluble in water and stable in solution. He uses it in the spinal canal, for nerve trunk blocking, and for local infiltration. The solution is usually from 1-2 down to 1-10 and never over 1. It is equal in power to any other local anæsthetic, but more slowly absorbed, and two to ten minutes should be allowed after introduction before beginning the operation. He has used apothesine in thirty cases of anorectal surgery in the past two years with no untoward effects except in three cases, which he cites, and in all of which the same effects might have happened under any method of anæsthesia. Any patient must have a normal resistance against bacterial invasion to avoid complication; and local anæsthesia, especially if the solution used be weak, is probably safer than general anæsthesia. He describes his technic in the use of the drug about the anus and has found it satisfactory even in complicated fistula operations; and further has used it in colostomies and other abdominal operations. He has practically abandoned the use of morphine and scopolomin prior to operations, and the former is seldom required afterward. It is, too, absolutely nonhabit forming and does not require a Harrison order to obtain it.

## COCCYODYNIA: FURTHER EXPERIENCE WITH INJECTIONS OF ALCOHOL.

Dr. Frank C. Yeomans, New York City, said that theories advanced for the causation of the leading symptoms, pain in the region of the coccyx, are: (1) Neuralgic,

(2) neuritic, (3) injury, and (4) sympathetic. The first three are based on traumatism and comprise the major number of cases. The traumatism is within the pelvis as in labor or external as a fall. As a rule the periosteum of the coccyx only is injured and the soft parts adjacent to the bone. Injury of these structures initiates an inflammatory reaction with proliferation and later contraction of the new-formed fibrous tissue and compression of the nerves which traverse it, causing neuralgia or neuritis. Fracture or dislocation of the coccyx may cause pressure pain.

The characteristic pain is spasmodic and aching, aggravated by sitting or rising, but not affected by urination or defecation.

The diagnosis is made by a bidigital examination—the index finger in the rectum, the thumb making counter-pressure outside—thus palpating the coccyx and compressing the soft parts adjacent to it, to determine the portion of the coccygeal plexus of nerves involved.

There must be excluded diseases of the spine and of the nervous system, as tabes, and locally lesions of the anal canal and rectum simulating coccygodynia, as anal fissure, cryptitis, papillitis, blind internal fistulæ, thrombosed hemorrhoidal veins, proctitis and foreign bodies in the rectum; also, in women, disease of the external and internal genitals and, in men, of the urogenital organs.

The prognosis in general is good on the ground that the pain resides in the coccygeal plexus of nerves and not in the bone as was formerly supposed.

The treatment is an application of the principle of injecting sensory nerves with 30 per cent alcohol, thereby causing their degeneration, as suggested by Schlosser in 1901, and practised with marked success in trifacial neuralgia.

The injections are made aseptically, without anæsthesia, at the office. A sterile syringe is filled with 30 per cent alcohol and armed with a two-inch needle of fine gauge. The point of maximum tenderness is determined

bidigitally; then, maintaining the index finger in the rectum as a guide, the needle is carried through the skin of the midline to the tender spot and ten to twenty minims are injected slowly. The interval between injections is five to seven days.

The writer has had twenty-eight cases in all, of which he treated twenty-four; and of those twenty were females and four males.

External trauma was responsible for fifteen cases; difficult labor, three; two followed local operations and in four the cause could not be determined.

The duration of the pain before operation was from three weeks to fifteen years, averaging twenty-two months.

The number of injections varied from one to ten, average four.

Results of treatment: Clinically cured, sixteen; relieved, seven; failed, one.

Elapsed time since treatment varies from three months to nine years.

The only case of failure was in an otherwise healthy, robust girl, aged nineteen years. As no benefit followed ten injections, the writer excised the coccyx in October, 1915, with immediate relief of pain and no recurrence.

#### OBSERVATIONS IN ARMY PROCTOLOGY.

Dr. Louis J. Hirschman, Detroit, remarked that the practice of proctology in American Expeditionary Forces did not differ greatly from that in civil life. The environment was different, the patients were all males, and wounds of the bowel and bacillary dysentery were much more common. True pruritus ani was entirely absent, which was difficult to explain even among such supposedly picked men, for hemorrhoids, fissure, abscess, fistula, colitis, etc., were common. Many cases of chronic rectal conditions, particularly hemorrhoids and fistula, most of them antedating the war, had to be sent to the hospital. This was a serious commentary on the inadequacy of the enlistment examinations, for the conditions were aggravated by camp and trench life, and such patients filled many beds, depriving battle casualties of the

hospitalization to which they were entitled. Much of the tax on military facilities and much loss of military effectiveness might have been spared if the examination had been thorough on this side. The Base Hospital Organization made possible specialization in surgery, more effective care, and quicker convalescence and return to the ranks. Local anæsthesia was employed whenever possible; the Carrel-Dakin irrigation and sometimes secondary suture were used in wounds, abscesses and fistulæ; and all helped to the same result. The proctologist, combining his work with abdominal and hernial surgery, whether at the Base Hospital or at the front, was able to render the most valuable aid. Dr. Hirschman concludes that "the proctologist brought infinitively more to the service than he could hope to get from it professionally."

#### THE INCREASING PREVALENCE OF CERCOMONA—INTESTINALIS—HOMINIS INFECTIONS.

Dr. John L. Jelks, Memphis, Tenn.: I observed the frequent association of flagellate infection with that of amebic ulceration of the rectum and colon, as early as I began the microscopic study of ameba and other causative agents in diarrhea. That was in 1900, and very soon thereafter I concluded that, even when I had a known amebic ulceration of the gut, the flagellate played an individual roll in the establishment of a more superficial pathology. Particularly during the last five years I have observed the pure cercomona infections. It appears to me that each succeeding year I see more cases and greater virulence and severity of symptoms, and some of the patients seen during the last two years were most pitiable objects of human physical depravity.

In severe cases there are from ten to thirty stools per day. These are not the amber colored, or the sanguino-mucopurulent and very offensive stools seen in amebic cases, but are like those seen in typhoid fever and in the acute diarrhea of pellagra. The pathology appears the same in character as that of pellagra. This fact I referred to at the last meeting of the Proctologic Society in New

York. The rapid loss of weight, neurosis, anaemia and melancholia, while not constant, are in some cases profound, and are conditions common to both cercomona infections and pellagra. Mania may even be suicidal.

The increase in prevalence and virulency of cercomona infections has been so noticeable in my section of the Mississippi Valley, that I view the situation with some degree of alarm, and am of the opinion that some steps should be taken to find the source from which they spring. Unless concerted effort is made to control them, cercomona infections may not be so restricted to the South, as at present appears to be the case, but will be widespread, and an epidemic outbreak will be, among infants and children at least, appalling.

The treatment may be outlined. All carbohydrates are eliminated and the diet is restricted as nearly as possible to albumens, milk, meat juices, fowl and gluten bread. The intestinal tract is emptied preferably with salts or castor oil, and then bismuth subnitrate is given, two to four drachms, every four to six hours, followed by phenomethyl-formate, ten to fifteen grains in salol-coated capsules, or hexamethylenamin, ten grains. This is continued a week, then the bowel flushed out with salts or oil again and the treatment resumed; the theory being that liquifying the intestinal content will permit the bismuth to incorporate the infecting organisms, and that adding formaldehyde and methylene will supply a bismuth-methyl-formate, a powerful parasiticide.

It is impossible to rid one of this infection in a few days by any treatment, and most cases will dismiss themselves from your care when they feel well and have regained their weight and strength, though many of them you know are not well, and become therefore disseminators of the infection.

#### DAKIN'S SOLUTION AND DICHLORAMINE-T IN PROCTOLOGY.

Dr. J. Coles Brick, Philadelphia, Pa., stated that Dakin's Solution presents many difficulties in its manufacture, is unstable when made, tends to become caustic, and will not

keep. Chloramine-T gives up its chlorine less rapidly, has greater antiseptic value and is less irritating. Dichloramine-T Solutions are unstable, and, when prolonged germicidal action is required, it is preferably used in an oily solution, the preparation of which he described. Chlorcosane is preferred by some as a solvent and is used in the U. S. A. and U. S. N. He quoted Dakin and Dunham: "Chloramine-T and Dichloramine-T give materially better results than the hypochlorites when acting on organisms in a blood medium."

He reported the case of a patient, greatly debilitated by a persistent mucopurulent diarrhea from a hemorrhagic catarrhal proctitis, sigmoiditis and colitis, the etiology of which was not demonstrable. Treatment by colonic irrigations with antiseptic and astringent solutions, first by rectum and then by means of an appendicostomy, were of no avail till finally Dakin's Solution was used up to 10 per cent strength through the appendicostomy, with immediate improvement and final cure.

The writer was lead then to use these agents through the sigmoidoscope as adjuvants in the treatment of cases of amebic dysentery, and concludes that they will prove valuable parasitocides in rectocolonic infections.

#### MULTIPLE ADENOMATA AND ESTHIOMENE MALIGNANS.

Dr. Collier F. Martin, Philadelphia, Pa., reported first a case of multiple adenomata. The patient, a woman, complained of considerable abdominal pain and constant desire for stool. Bowels had to be moved as soon as she had eaten, considerable blood and mucous being passed at the time. The entire lower bowel was found filled with adenomatous tissue, a portion of which protruded through the anus at the time of stool. Under ether anaesthesia, as much of the growth as could be prolapsed through the anal canal, was ligated and removed. She had a rapid recurrence of her symptoms, and six weeks later had a left inguinal colostomy performed



by Dr. William A. Steel. At the site of the operation the bowel appeared normal. About six weeks later, the colon began to evert and prolapse through the abdominal wall, and the mucous membrane became studded with small adenomatous tumors. A colectomy was advised, but the patient did not consent. At the present time she has improved in general health, and has gained considerable weight, but the outlook is very poor.

He then reported a second case under the title of *Esthiomene Malignans*, referring to the clinical appearance and not to the pathology.

The patient, a man, presented himself for examination in April of this year. After driving an ammunition truck in France for several months, he was sent to the hospital because of disability. While there he was treated for enterocolitis. Finally he was sent to the States and discharged from the service. The entire anal aperture was obliterated by a hard indurated mass of new tissue. The skin was greatly thickened and slightly reddened. The induration extended well over to the tuberosities of the ischia. It was almost impossible for him to have a stool except after great effort. He had a constant burning pain when sitting, so intolerable that he rarely assumed this position. The abdomen was somewhat extended and tympanitic. The appearance of the skin about the anus resembled those cases which have been classified as *esthiomene*, due to syphilis and tuberculosis. A colostomy was performed, and a piece of tissue removed from the posterior margin of the anus. The entire pelvis was filled with a solid mass of new tissue, with many nodules scattered over the colon and in the mesentery. A report from the pathologist showed the tumor to be a myxosarcoma. The operation was performed on May 9th, and since then the abdominal tumors have apparently increased in size and number. There is some swelling of the feet, and the patient is beginning to show irritation of the bladder. He has been receiving Coley's serum, but is rapidly growing worse.

#### VACCINE TREATMENT FOR PRURITUS ANI: POSSIBLE REASONS FOR FAILURES WITH STOCK VACCINE.

Dr. Dwight H. Murray, Syracuse, N. Y., said that pruritus ani was always a disease most stubbornly resistant to all kinds of treatment, and that it was now nine years since he had established to his own satisfaction that the etiological cause was the *streptococcus fecalis*, and that since then he had found practically 100 per cent of the cases were the result of this infection. His theory was at first met by the usual crop of unbelievers, but since this many have acknowledged its correctness.

He used autogenous vaccines with marked success in lessening the intensity and frequency of the itching and has cured most cases, and has used stock vaccines with less success. Complicating infections, such as *staphylococcus aureus* and *bacillus coli*, may require mixed vaccines for complete relief.

The extreme difficulty of having bacteriologic work done in most places make a stock vaccine most desirable. Four years ago one commercial house put out such a vaccine for experimental purposes, but the reports on its use did not show sufficient successes to warrant marketing the product. Yet some reports received by Dr. Murray from men who had experimented with this firm's vaccine were distinctly favorable.

Dr. Murray's conclusions as to the comparative value of autogenous vaccines are as follows:

1. Stock *streptococcus fecalis* vaccine is not quite as efficacious as autogenous vaccine.
2. Failure to get relief is possibly the fault of the operator, or because of a complicating infection, and should have further bacteriological investigation.
3. Large doses are innocuous so far as by-effects are concerned.
4. It is a mistake to fill the mind of the patient with doubt as to the efficacy of the treatment or the ability of the physician in charge even though he has had little or no experience.

5. Correction by operation of local pathology present with pruritus ani will not relieve the itching, when an infection of the skin is present.

6. The presence of local pathology with pruritus ani is coincident.

7. Stock vaccine should be made and supplied to the profession with the understanding that relief is not, promised in any sense, but is expected.

8. Investigation and failures are good things and beget our earnest and careful efforts to find the truth.

9. Neither an investigator nor his work can be considered the last word, and for this reason we should all work together without bias, to the end that the best results of treatment may be found for those unfortunate sufferers.

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

### CANCER IS INCREASING.

Cancer, probably the most dreaded of all diseases, is on the increase in America and throughout the world in spite of the fact that it is curable if treated early, says the United States Public Health Service. In its death toll in the United States cancer already ranks among tuberculosis, pneumonia, heart disease and diseases of the kidney, and it is much more feared than any of these. This is because of the ignorance of the public, the difficulty of detecting a cancer in its early stages and the fact that when it has reached the recognizable stage it has gone beyond the curable stage.

The medical world today believes that work for the control of cancer should be largely similar to that so successfully carried on in tuberculosis; that is, it should consist mainly in widespread education of the general public to recognize cancer in its pre-cancerous state, it should train the people at the first alarm to seek the advice of a competent physician, and it should keep the public freely advised of the latest scientific knowledge concerning cancer, its causes, prevention and cure.

The first and most important requirement in such a campaign of education is that the public change its viewpoint. The United States Census Bureau of 1917 gave a total of 61,452 deaths from cancer as compared with

112,821 from pneumonia, 110,285 from tuberculosis, 115,337 from heart disease and 80,912 from kidney diseases. So it will be readily seen that cancer already ranks among the leading causes of death in this country.

Cancer is apparently increasing. The recorded death rate shows about two and one-half per cent more cases every year. It has risen from 62.9 deaths per 100,000 population in 1900 to 81.6 in 1917. Some of this increase is unquestionably due to an improvement in recording and gathering vital statistics and to better diagnosis, but it is generally believed that these factors do not alone account for the increase.

Cancer, if discovered early and treated immediately by a competent physician and surgeon, is now regarded as a curable disease. Unfortunately the early discovery is difficult. Unlike almost any other disease its first attack is usually painless, and often, therefore, before the disease is discovered it has reached the stage where a major operation is necessary and the chances of cure have been greatly reduced, if not entirely lost. Another unfortunate circumstance is that in many cases when a person realizes he has cancer he fails to seek the best medical treatment. Advertising quacks and patent medicines, claiming phenomenal cures, loom up like a last ray of hope to the afflicted. As a matter of fact their treatment invariably aggravates instead of helping and when competent physi-

cians are finally consulted the case is really beyond any hope of recovery, or arrest.

The belief that cancer is contagious has caused untold suffering and occasionally cruel neglect of the unfortunate sufferers. So far as it has been possible for scientists to learn there is no germ capable of causing cancer in human beings or animals. In communities where the cancer prevalence is higher than in others it has invariably been traced to the fact that most of the young people had left the community. Since cancer is a disease of middle age the higher rate was to be expected. There is no case on record in which either an operating surgeon, or nurse, has contracted cancer from coming into contact with it, even after years of work exclusively in this field.

Another popular myth that seems to be pretty well exploded is that cancer is hereditary. No argument could be more convincing than the way life insurance companies look at this aspect of the disease from a business point of view. In deciding whether a person is a "good risk" these companies disregard evidence that cancer occurred in one or both parents, or in other ancestors. Their carefully-kept statistics covering many years prove that the person to be insured will not necessarily contract the disease. Indeed the insurance companies say there is no cause for apprehension even if both parents died of cancer. The most that could be fairly argued is that people whose families seem particularly susceptible to cancer should well inform themselves with regard to early symptoms and be on the alert for the first danger signal.

The tissues of the body, the muscles, the glands, the bones, are each composed of a very large number of very tiny cells, which may be compared to the bricks in a building, and they are held together by a material which may be compared to the mortar. However, the body cells are alive, constantly growing and dying off, according to certain laws which we do not completely understand. Sometimes these cells begin to grow and develop along lines which are not in harmony with the usual order. A little group of the

cells forms a lawless colony, which constitutes an unhealthy, growing spot in the body. This may occur on the skin, in the breast, stomach, throat, or in any part of the body. Frequently they form a little hard lump which can easily be detected by touching it and which can very easily be removed by the physician. If this mass is not removed at once it usually continues to grow and to branch off into the surrounding tissues. This penetration marks the difference, the fatal line between the benign or harmless growths like warts, and malignant growths or cancers. Finally a large mass is formed and minute portions become detached and are carried to other parts of the body. When ordinary cells become detached and get out of place they usually die. Cancer cells, on the other hand, have such power of survival they continue to grow wherever they are deposited and new cancers are the result.

Cancer often arises after continued, long irritation of various kinds and in and about benign growths, or ulcerations. Cancer of the lip and mouth has been known to come from burns, from pipe stems, from constant irritation from bad teeth and among East Indian races from chewing the betel nut. Cancer of the external abdomen in the natives of Kashmir, never observed among other races, arises from burns from kangri baskets of live coal which these mountaineers wear as a kind of warming pan. Cancer of the œsophagus is observed in the Chinamen who eat their rice too hot, while it is absent in the women who eat their rice cold at a "second table."

Women, unfortunately, are most susceptible to cancer. Between the ages of 35 and 43 three times as many women as men die of cancer, and between 45 and 50 twice as many die. They should, therefore, be especially educated to recognize the first signs of a benign growth and consult a physician at once. Persistent ulcerations, cracks and sores, moles, or birthmarks which change in appearance, or grow larger, should be removed. All forms of chronic irritation should be prevented.



While no one in particular can be said to be susceptible to cancer it can truthfully be said that so far as is known no one is immune to it and statistics leave no room to doubt it is on the increase. The time has come when the general public should be educated as thoroughly as in the nation-wide campaign for the control of tuberculosis.

To aid in this work the United States Public Health Service has carefully prepared a neat, pocket-sized booklet, "Cancer, Facts Which Every Adult Should Know," written in lay terms. This book will be forwarded on application to the Public Health Service, Washington.

### PROPAGANDA FOR REFORM.

ANTIMERISTEM-SCHMIDT. — A letter received by physicians from the "Bakteriologisch-Chemisches Laboratorium Wolfgang Schmidt," of Cologne, Germany, calls the attention of American physicians to Antimeristem-Schmidt. Antimeristem-Schmidt was rather widely exploited some six or seven years ago. It is a preparation claimed to be useful in the treatment of inoperable cancer and as a supplementary treatment after operation for cancer. The treatment has been found without effect and no license for the sale of Antimeristem-Schmidt has been granted by the U. S. Treasury Department and therefore its importation into this country is prohibited. (*Jour. A. M. A.*, Dec. 6, 1919, p. 1787.)

THIALION. — This is an heirloom of the days when lithium salts were supposed to be nature's antidote for all kinds of ailments supposedly due to excess of uric acid. The Council on Pharmacy and Chemistry reported in 1906 that it was not a definite chemical compound as suggested by the chemical formula published by the proprietor, the Vass Chemical Company, but a mixture consisting chiefly of sodium sulphate, sodium citrate and small amounts of lithia. In recent advertisements, Thialion is referred to as "A Non-Effervescent Lithiated Laxative Salt," "a non-hygroscopic, non-deliquescent,

granular salt of lithia," etc., but the chemical formula does not appear, nor is any definite statement of composition furnished. (*Jour. A. M. A.*, Dec. 6, 1919, p. 1789.)

NAMES FOR PHENOLPHTHALEIN. — The following is a partial list of names under which phenolphthalein and phenolphthalein preparations and combinations are or were advertised: Alophen, Cholelith, Pills, Elzernac, Ex. Lax, Exurgine, Laxophen, Laxine, Laxirconfect, Laxothalen Tablets, Paraphthalein, Phenalein, Phenolax Wafers, Phenolphthalein Laxative, Probilin, Prunoids, Purgatol, Purgen, Konfect, Purgella, Purglets, Purgo, Purgolade, Purgotin, Purgylum, Phuphen, Thalosen, Veracolate, Zam Zam. What a Babeldom would arise in medical practice if this business policy of manufacturers to present their products by coined names were encouraged by the patronage of physicians. Self-respecting manufacturers owe it to the progress of medical science to do away with such camouflage for revenue only and the medical profession owes recognition to these manufacturers by prescribing products by their scientific names. (*Jour. A. M. A.*, January 3, 1920, p. 29.)

MORE MISBRANDINGS.—George L. King, Kingfisher, Oklahoma, was prosecuted by the federal authorities because the therapeutic claims for "King's Kidney Remedy" were false and fraudulent. The United States Drug Manufacturing Company, Philadelphia, was prosecuted by the federal authorities because a number of its tablets were found not to contain the amount of drug claimed. The John H. Casey Medical Company, Hillyard, Washington, was prosecuted by the federal authorities because "Casey's Rheumatic Cure—The Great Montana Remedy" was sold under false claims of composition and of therapeutic properties. Joseph McManus, doing business under the name of Philadelphia Capsule Co., Philadelphia, was prosecuted by the federal authorities because some of the products sold were misbranded, or adulterated, or both. (*Jour. A. M. A.*, January 10, 1920, p. 121.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMIS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

Wm. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and

Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Su-

wance and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:

Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter

Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:

Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and

Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam

Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington

Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.

L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:

W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

C. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOCARTY, M. D., Chairman . . . . . Key West

W. L. HICHALET, M. D. . . . . Cocoa

Wm. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting—DAYTONA—May 12, 13, 1920

## INFLUENZA.

Influenza, more or less endemic throughout the country, including the state of Florida, since last fall assumed epidemic proportions during the latter part of January. From the information at hand it would appear that sections of the country which escaped comparatively lightly during the pandemic of 1918-19 suffered during the present epidemic, while those communities hard hit in the former epidemic escaped this winter. Dr. W. W. MacDonell, City Health Officer of Jacksonville, early in January, addressed a letter to the medical profession of his city asking, among other things, that physicians in reporting their cases state whether or not they were primary cases.

He states to THE JOURNAL that the reports indicate that over eighty per cent of all cases are primary attacks and is of the belief that when his reports are all tabulated the figures will reach ninety per cent. Dr. MacDonell's figures are interesting and it is to be hoped that similar data has been collected by other Health Officers throughout the country. It is believed that the peak of the epidemic has been reached. Dr. Ralph N. Greene, State Health Officer, reports a total of 6,398 cases of influenza and pneumonia occurring throughout the state, with a mortality of 131. We have as yet no specific line of treatment, the use of vaccines either as a prophylactic or therapeutic measure appear to have no influence. There does not, however, seem to be any cause for general alarm, for while the situation has been a serious one, the epidemic this year did not compare either in virulence of infections or in the number of persons attacked with that of last year, and from what data we have it would appear that one attack confers upon the individual a certain immunity. The public should be drilled in using what methods we have reason to believe are of benefit in controlling the disease when it appears in a community. These can be summed up in two words, "Avoid crowds."

G. E. H.

## GOVERNMENT NEEDS PHYSICIANS.

The United States Civil Service Commission announces that a large number of physicians are needed for employment in the Indian Service, the Public Health Service, the Coast and Geodetic Survey, and the Panama Canal Service. Both men and women will be admitted to examinations, but appointing officers have the legal right to specify the sex desired when requesting the certification of eligibles.

Entrance salaries as high as \$200 a month are offered, with prospect of promotion in some branches to \$250, \$300, and higher rates for special positions.

Further information and application blanks may be obtained from the secretary of the U. S. civil service board at Boston, New York, Philadelphia, Atlanta, Cincinnati, Chicago, St. Paul, St. Louis, New Orleans, Seattle or San Francisco, or from the U. S. Civil Service Commission at Washington, D. C.

---

## THE PROFESSIONAL MAN'S INCOME TAX.

Figuring income tax is an easy job for the professional man. By education and training he is accustomed to drawing up statements. He has records of transactions involving income, and keeps well in touch with his expenditures.

Just what he is allowed to deduct as professional expense, in figuring his net income, is what he wants to know each year as the tax season arrives. Therefore, a review of the items in general is given in this article.

### RETURNS FOR 1919.

The present income tax law requires that returns for 1919 be filed on or before March 15, 1920, at the office of the Collector of Internal Revenue for the district in which the taxpayer lives. At least one quarter of the tax due must accompany the return.

An unmarried person must file a return if his or her net income was \$1000 or over; and a married person living with wife (or husband) must file if their joint net income was

\$2000 or over. A widow or widower, or a married person living apart from wife (or husband) is classed as a single person.

The requirement to file a Federal income tax return is not contingent upon there being a tax due.

Form 1040A is used for net income of not more than \$5000; Form 1040 for net income over \$5000. Instructions and a working sheet accompany each return form.

Every firm of professional men operating as a corporation must make an annual return of net income on Form 1120; if operating as a partnership, a return on Form 1065 must be filed.

### GROSS INCOME.

An individual's gross income from a profession include all compensation for his services.

Where services are paid for with something other than money, the fair market value of the thing taken in payment is the amount to be included as income. If the services were rendered at a stipulated price, in the absence of evidence to the contrary such price will be presumed to be the fair value of the compensation received.

In the case of a salary received, this should be shown separately, in Block B, of the return. Many professional men and women—lawyers, medical examiners, teachers, accountants, etc.—are officers or employees of a state, or a political subdivision of a state, such as city, town or county. Their salaries or wages as such officers or employees is exempt from the Federal Income Tax. The exemption also applies to fees received by notaries' public commissioned by states, also the commissions of receivers appointed by State courts.

As to fees for services to clients, patients, etc., these should be included in the gross income for the taxable year in which received, unless they are included when they accrue to him in accordance with an approved method of accounting followed by him.



#### CASH BASIS.

A professional man may make his return on the basis of cash intake and actual expenditures for the year. It should be noted that a taxpayer is deemed to have received income which has been credited to or set apart for him without restriction.

#### ACCRUAL BASIS.

A more exact and equitable method of figuring net income is on the "accrual basis." This means a computation on the basis of income earned and expense incurred, whether paid or not, that actually pertain to the taxable year, excluding income earned and expenses incurred in previous or succeeding years. A professional man who keeps books of account should make returns by this method, if his accounting method is one generally employed, and shows a correct net income.

#### DEDUCTIONS.

A professional man may claim as deductions the cost of supplies used by him in the practice of his profession, expenses paid in the operation and repair of an automobile used in making professional calls, dues to professional societies and subscriptions to professional journals, the rent paid for office rooms, the expense of the fuel, light, water, telephone, etc., used in such offices, and the hire of office assistants. Amounts expended for books, furniture and professional instruments and equipment of a permanent character are not allowable as deductions.

In the deductions from gross income, the law specifically bars personal living or family expenses.

In the case of a professional man who has a regular place of business and who rents a residence, but incidentally receives there clients, patients or callers in connection with his professional work, no part of the rent at his home is deductible. If, however, he uses part of the house for his office, such portion of the rent as is properly attributable to such office is deductible.

#### BAD DEBTS.

The uncollectible bills of professional men, particularly doctors, dentists and lawyers,

have a very important bearing on the net earnings for each year. The principal point in connection with such accounts made in Income Tax procedure is that there can be no allowance for such bad debts in returns figured on the "cash basis." That is, a person who has been making his annual returns on the basis of cash received and actual cash expenditures each year has never shown as income his accounts with patients or clients, and is, therefore, not entitled to take them out of income.

On the other hand, a person who annually figured his gross income on the "accrual basis," that is, included his cash receipts and charges against patients and clients for all of his services performed during each year, is entitled to a deduction for "bad debts" covering such accounts as he ascertained during the year were uncollectible and charged off on his books.

An account merely written down or a debt known to be worthless prior to the beginning of the taxable year is not a proper item for deduction.

#### WEAR AND TEAR.

A reasonable allowance for the wear and tear and obsolescence of such instruments and equipment, etc., is allowed. The proper allowance is that amount which should be set aside for the taxable year in accordance with a consistent plan by which the total of such amounts for the useful life of the property will suffice, with the salvage or scrap value, at the end of such useful life, to provide in place of the property its cost or its value as of March 1, 1913, if acquired by the taxpayer before that date.

#### OBSOLESCENCE.

When through some new invention, or radical change in methods, or similar circumstance the usefulness in his profession of some or all of his instruments or other equipment is suddenly terminated, so that he discards such assets permanently from use, he may claim as a loss in that year the difference between the cost (reduced by reasonable adjustment for wear and tear, which it has undergone) and its junk or salvage value. If

the apparatus was owned prior to March 1, 1913, its fair market value on that date should be considered, instead of its cost, in figuring obsolescence. This deduction is allowed by law, but the taxpayer must be able to substantiate any claim made on this basis.

### COUNCIL ON HEALTH AND PUBLIC INSTRUCTION.

Following is the program of the Annual Conference on Public Health and Legislation, called by the Council on Health and Public Instruction of the American Medical Association, to be held in the south parlor of the Auditorium Hotel, Chicago, on Thursday, March 4, 1920:

#### MORNING PROGRAM.

1. Call to Order, 9.30 a. m.
2. Chairman's Address, Dr. Victor C. Vaughan, Chairman, Council on Health and Public Instruction, American Medical Association.
3. Secretary's Report, Dr. Frederick R. Green, Secretary, Council on Health and Public Instruction, American Medical Association.
4. "Standardization of Public Health Activities," Dr. George E. Vincent, President, Rockefeller Foundation.
5. "Standardization of State Public Health Organization," Dr. Chas. V. Chapin, Commissioner of Health, Providence, R. I.
6. "Standardization of Municipal Health Organization," Dr. Allen McLaughlin, Assistant Surgeon-General, United States Public Health Service.
7. General Discussion, opened by Dr. C. St. Clair Drake, Commissioner of Health, Springfield, Ill., and Dr. Ennion Williams, Commissioner of Health, Richmond, Va.

#### AFTERNOON PROGRAM, 2 P. M.

##### *Symposium on Health Education of the Public.*

1. "Health Education in the Public Schools—Thirty Years' Experience in Michigan," Dr. Victor C. Vaughan, Ann Arbor, Mich.
2. "Health Education and Activities in Colleges and Universities," Dr. John Sund-

wall, Director, Students' Health Service, University of Minnesota, Minneapolis, Minn.

3. "Health Education a Function of Municipal Health Department," Dr. Haven Emerson, New York.

4. "Health Education a Function of State Health Departments," Dr. W. S. Rankin, Secretary, State Board of Health, Raleigh, N. C.

5. "Health Education a Function of the Federal Government," Dr. Chas. V. Bolduan, Director, Division of Public Health Education, U. S. Public Health Service.

6. General Discussion, opened by Dr. John M. Dodson, Chicago; Prof. W. B. Owen, Superintendent, Chicago Normal College.

### NEW AND NONOFFICIAL REMEDIES.

**SOLUBILITY OF INTESTINAL IPECAC PREPARATIONS.**—T. Sollmann reports that in the administration of ipecac preparations against intestinal amebas, salol coated pills are not always satisfactory, although with due care, it appears quite feasible. He reports that emetin bismuth iodid, which is described in New and Nonofficial Remedies, is only slightly soluble in water and dilute acid, but dissolves quite freely in one per cent sodium bicarbonate solution. It is somewhat soluble in the stomach and produces some digestive disturbances. Alcresta ipecac, an adsorption product of ipecac and fuller's earth, though sold with the claim that the alkaloids are "physiologically inert as long as they remain within the stomach, and are rendered active when set free in the alkaline media of the intestine," was found by Sollmann not to be decomposed with liberation of alkaloid by solutions having the alkalinity of the intestinal fluid. Ordinarily, it would not be expected that a substance which is quite insoluble in the intestines should still be effective on amebas. The findings of Sollman demand a careful examination of the clinical evidence on which the use of alcresta ipecac is based. (*Jour. A. M. A.*, October 11, 1919, p. 1125.)

## PUBLISHER'S NOTES.

### COUNCIL PASSED.

The attention of our readers is called to the "Council-Passed" announcement of The Abbott Laboratories, on page iii. We bespeak for this advertiser the support and patronage of our members. This firm is doing splendid research work, and the scientific products which it is developing include medicinal chemicals never before made in this country.

The research laboratories of several universities are cooperating with The Abbott Laboratories, to aid them in presenting to the medical profession original, scientific ideas in medicinal chemistry.

Judging from the growth of The Abbott Laboratories, this original, scientific work is being appreciated by the medical profession.

### A BIG CASCARA CAMPAIGN.

During 1920 the entire selling and advertising machinery of Parke, Davis & Company will be concentrated on two Cascara preparations—Cascara Evacuant and Fluid Extract of Cascara Sagrada (P. D. & Co.). These products will be detailed and sampled among physicians. They will be advertised in half a hundred medical journals—not once, but throughout the year. Direct-by-mail advertising will be used. Physicians in every section of the United States and Canada will be reached. They will be told and retold of the efficacy of Cascara Evacuant and Fluid Extract of Cascara Sagrada (P. D. & Co.).

What will be the result?

Physicians will call for these cascara products. They will write prescriptions for them—prescriptions which will be filled in the

stores of druggists who are alert enough to take advantage of the situation.

Why not get the benefit of this big cascara campaign? Why not become the cascara headquarters in your locality?

Forty-five members of the Alpha Kappa medical fraternity spent a day recently going through the Chicago plant of Armour and Company.

A special program was arranged in their honor, and they were shown through several departments which are not on the regular visitors' route, but which were considered of special interest to them as medical men. They were guests of Lester Armour.

Before going over the packing house route, the members of this medical fraternity were served with bouillon at the visitors' reception room. On the completion of their journey through the plant they were escorted to the chipped beef department where a buffet luncheon was served. In the meantime they were shown the various processes of converting meat animals into meat products.

The visitors expressed themselves as being particularly interested in the trip to the U. S. Government Inspector's Office, where Dr. J. H. Wheland explained the activities of the Bureau of Animal Industry. Dr. Frederic Fenger of the chemical laboratory told of the work of his department and also of the important part played by chemistry in the meat product industry. Dr. Volney S. Cheney, medical director of the company, described the work of Armour's medical department in safeguarding the health of all employees.

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, March, 1920

Number 9

## ORIGINAL ARTICLES

### THERE SHOULD BE MORE CARE AND INDIVIDUALITY GIVEN TO OBSTETRICS.\*

J. H. BICKERSTAFF, M. D.,  
Pensacola, Fla.

The medical profession has made a rapid progress in most all the branches of medicine, but little or no advance is being made in the art of obstetrics, except by a small group of men. The great majority of the medical profession seems to believe that since child-bearing is a natural function, a physician need not train himself for the special work, since nature can be trusted to safeguard the parturient woman. It is not an unusual thing to hear a man, well equipped in some other branch of medicine, scoff at the idea that any special preparation is necessary for the proper practice of obstetrics, and yet we not uncommonly hear soon afterwards that this same practitioner has hard luck in one or several cases of obstetrics, and has lost baby or mother, or both, and in the majority of such cases a more thorough knowledge of the obstetrical art, combined with a more careful study of the needs of this patient, would have led to a more favorable outcome.

This indifference to the needs of the patient is undoubtedly due to the fact that childbearing is a natural physiological state in normal woman, and the infallibility of nature's method has been so deeply impressed on the minds of the majority of the profession that they cannot see the possibility of any advantage accruing to the patient from any departure of nature's methods. We do not realize that a considerable proportion of our women

in any civilized country has ceased to be normal, and the bad results are due to the lack of appreciation of the conditions present and are not unavoidable accidents.

I admit, however, that certain bad results are unavoidable — antepartum death of a child may occur from intrauterine pressure on the cord or from premature separation of the placenta — complications which cannot be foreseen, but there is no reason for not trying to see the foreseen and prevent the complication. Pulmonary embolism may occur in spite of all you can do to prevent it. We should give our patients the benefit of every means to insure good results.

A great improvement in obstetrics would be made if the profession, as a whole, could realize that any parturient woman should be considered as a doubtful risk, where any complication may arise, and study them as such, and not consider them as normal patients—look for the abnormalities, and not consider them all alike. Then, the patient should receive the care she needs. The needs of a patient can only be ascertained by a careful study of her physical and nervous condition and the environment which she is brought up in. Nothing can be less intelligent or more likely to favor bad results than the adoption of a routine in the care of obstetric cases.

In private practice, there is no excuse for not carefully studying each individual patient.

The majority of men who are doing obstetrics at the present time are not really interested in the work, and trust to luck that no complication may arise in any case, rather than foresee and prevent complications. No conscientious surgeon would consider himself qualified to perform a complicated opera-

\*Read before the Escambia County Medical Society, February 24, 1920.

tion without the proper training, yet the average practitioner feels qualified to take the responsibility of obstetric cases, which involves the life and health of two patients, and is willing to attempt serious operations, which are far more difficult and require greater technical knowledge and skill than the majority of surgical operations, without any attempt to qualify himself for the task he may meet.

The object of the obstetrician, who assumes the responsibility for any case, must be threefold:

The preservation of the mother's life is the first object to be considered in the care of a case. The loss of a patient during parturition usually means that needs of the individual patient were not appreciated and the complications which caused her death were not recognized in sufficient time to overcome the disease.

Hemorrhages before and after delivery, toxæmia and infection could usually be avoided or may be treated successfully. The danger of cardiac complications may arise, or other chronic disease should be recognized.

The second object of an obstetrician is to insure life of the mother and a living, uninjured child. It is true we general practitioners always make an effort to save the mother. It will happen in rare cases that the interest of the child must be sacrificed for that of the mother, no matter what the outcome is for the child, but such results must mean that the conduct of the cases has not been entirely successful. In our ignorance of the etiology of certain obstetrical complications, we are not able to apply adequate measures in all cases. Then we have to sacrifice the baby to save the mother. No obstetrics will ever be entirely successful until these partial failures can be eliminated, or at least reduced to a minimum.

The third object is to bring the mother through her pregnancy and labor that when her convalescence is complete she is ready to take up her proper place in society where she belongs.

In all obstetric literature, I have gained

the impression that the preservation of the mother and foetal life receives the entire attention of the average practitioner. The future welfare of the mother is overshadowed by other indications as to receive comparatively little attention. The mother's health may be as nearly important as her life. There are many chronic invalids due to the lack of the proper care.

One should study his patients carefully in order to give them the proper care. The obstetrician must be familiar with their modes of life, the physical and nervous peculiarities of his patients. He may find it possible, by proper advice, to so regulate a patient's life as to materially alter an improper method of living.

Careful oversight of pregnancy is one of the most important items in cases of obstetrics. One so often does not see or hear from some of his cases in two or three months, and when he does see her, he is confronted with some serious complication. However, on the other hand, if he had kept in close touch with these cases, he could no doubt have avoided such complications.

The average pregnant woman seems to think or feel that the supervision of the pregnancy is unnecessary. She is entirely ignorant of the possibilities of mishap. It is the duty of the attending physician to have the patient report once a month, or oftener, if necessary, so he may study the progress of the pregnancy. If she is of a nervous, high-strung temperament, reacting in an exaggerated manner to minor impulses, she must be treated in an entirely different manner from the patient who is phlegmatic and who has never shown any marked reaction or strain which has been laid upon her.

It has been my practice, if I find such cases, to immediately proceed to shorten these cases by application of forceps, or give paturatins that will permit it, or have the case operated on. It is very necessary to shorten that excessive strain. The man who treats all the patients of a certain physical equipment in the same way, will be much disappointed in the results.

There is no doubt in my mind but that many cases exist in every civilized community relatively and absolutely unfit for childbearing, on account of nervous or physical abnormalities, and in these cases the methods employed are of the greatest importance. The common saying is that 95 out of a 100 will go through without trouble, even if they do not receive any special care. However, if we do our full duty by our patients and get the best results possible, we must go farther and consider how to prevent childbearing from having serious after-effects on the lives of our patients, particularly those who belong to that class of unfit in whom comparatively minor lesions may be expected to produce exaggerated reactions.

#### SOME REMARKS CONCERNING MOTOR INSUFFICIENCY AND DILATATION OF THE STOMACH, WITH THERAPEUTIC SUGGESTIONS.

GEORGE M. NILES, M. D.,

Atlanta.

According to Stoker, the stomach exercises a so-called double motor function, namely peristole and peristalsis. The former is the process by which the food, as it reaches the stomach, is grasped and mixed by the reflex muscular action of the fundus, and the latter consists of the wave from fundus to pylorus driving the food out of the stomach. According to whether one or both of the above-named functions of the stomach are disturbed, and also according to the degree of the disturbance, we differentiate:

(1) Hypotony, or motor insufficiency of the first degree (Boas).

(2) Atony, or motor insufficiency of the second degree (Boas).

(3) Gastrectasis, due to mechanical obstruction at the pylorus.

Motor insufficiency of the first degree (myasthenia) depends upon a primary relaxation of the muscular wall of the stomach. This relaxation may result from bad habits, gastronomic excesses frequently committed,

or prolonged use of narcotic or hypnotic drugs. We also find this form of motor insufficiency with or following grave anemias, infections, severe hemorrhage, childbirth, chronic gastritis, or chronic constipation.

*Diagnosis.* — Atony may be present without characteristic physical signs, unless repeated examinations are made, especially two or three hours after eating.

To the observer of experience much is learned by an inspection. Stout, robust-looking individuals, with broad costal angles would hardly suggest gastric atony, while delicate, high-strung individuals, with sharp costal angles are particularly susceptible to this condition.

An atonic stomach, as stressed by Lockwood, need not necessarily be a large stomach at all times, but it tends to sag upon slight provocation, is abnormally distensible, and varies greatly as to the position of the lower border. When the patient stands and several glasses of water are taken, the lower curvature may reach two or more inches below the umbilicus, while when lying down and the stomach is completely empty, the whole organ may lie above the umbilicus.

The normal tonic stomach is no larger than its contents, but in the atonic stomach splashing may readily be elicited if half glass of water is taken on an empty stomach. Exception might be made in thin primiparae with incompetent walls. In atony visible peristalsis is never observed.

The roentgen diagnosis of atony is most helpful, and based on the examination of two sets of plates, one taken directly after a barium meal, and the other in four and one-half to six hours. Differentiation must be made from pyloric stenosis, ulcer of the lesser curvature, cancer, or perigastric adhesions limiting free motility. Another barium meal may be given after the six-hour plate has been taken, which will accurately show the outline of the filled stomach. The second barium suspension meal, given after the first six-hour plate, will demonstrate the different appearances of the filled stomach. This classification gives us a method of testing the



motility of the stomach far in advance of anything obtained by the ordinary clinical methods. The normal time for the complete evacuation of the stomach varies from two to eight hours.

*Treatment.*—This should be regulated upon the principle of resting the stomach muscles and improving their tonus. The diet should be so adjusted that the least demands are made upon the motor activity of the stomach and the least weight placed upon the incompetent supports. The meals should be small in quantity and comparatively frequent. Should the motor power be quite deficient, either liquid or semi-solid food should be given for a while. Water should be drunk in plenty, but small amounts at a time. The stomach will generally be found to easily care for and expel adequate amounts of liquid, so they are taken in small quantities at a time. Milk holds the foremost place in the list of foods, and by frequently giving a glassful, enough milk alone may be ingested to well nourish the resting body. In cases of hypersecretion or hyperacidity with atony, Strauss recommends a strictly protein-fat diet, to obviate the carbohydrate fermentation which would otherwise result from insufficient starch digestion. Protein in such cases may be taken in solid or semi-solid form, but it should be thoroughly cooked. In subacid conditions, the general principles obtaining in the treatment of subacid gastritis also apply. The diet may contain a large proportion of fat, and meats, if allowed, should be finely subdivided and well masticated. Eggs may be allowed, and some carbohydrates in the form of flour soups, leguminous soups or vegetable purees, all of which should contain as much butter and milk as possible. Alcohol should be prohibited.

*Lavage.*—This is not specially indicated in atony of the first degree, though a not too frequent lavage with a very weak nitrate of silver solution may be of benefit.

Electricity and hydrotherapy both have appropriate uses.

*Medical Treatment.*—The alkalies are naturally indicated in simple atonic cases with

hyperacidity. The light calcined magnesia when there is a tendency to constipation, and bismuth or heavy magnesia when the bowels are loose, may be given. Bicarbonate of soda should not be given, as it produces too much carbon dioxide. In the presence of fermentation, resorcinol, salicylic acid, salol, or menthol may be combined with the alkalies, plus suitable carminatives for the eructations. In subacid or anacid conditions, the dilute acids may be given in small doses after meals, while nux vomica, condurango, or the other bitter tonics may be administered before meals.

#### MOTOR INSUFFICIENCY OF THE SECOND DEGREE.

This is also called chronic dilatation of the stomach, isochymia, and ectasia ventriculi.

We must not commit the error of mistaking gastropnoia for dilatation. With the former the upper border of the stomach descends as well as the lower border, and there are generally movable kidney and enteropnoia. The prolapsed stomach may in addition be dilated. In dilatation the upper border does not descend, but maintains its relation with the diaphragm, and the stomach is dilated chiefly in the direction to which the greatest force is applied, downwardly and laterally. Dilatation may also ensue in the transverse and antero-posterior dimensions, and the pylorus may be a little further to the right and in a slightly lower plane, but the lesser curvature maintains its relation to the diaphragm, and this is the differential point between dilatation and gastropnoia.

In insufficiency of the second degree the food remains in the stomach still longer than when the peristole alone is disturbed, and with the dilatation there is an inability to expel its contents within the normal limit of time. Investigation has shown us that a certain amount of stenosis of the pylorus is responsible for nearly every case of motor insufficiency of the second degree. This stenosis may result from various causes, but it is nevertheless there, either periodically or continuously.

*Diagnosis. Atonic Type.*—In this condition the symptoms are not always referred to the stomach, but just as often to the nervous system, and the patient is prone to become melancholic or neurasthenic. There is frequent belching, and a sense of uneasiness in the epigastrium, but acute dyspeptic symptoms may be absent. Occasionally, in extreme dilatation, there may be vomiting of large quantities of fluid, but not as much as in the stenotic type. Chronic gastritis with the attendant symptoms are sometimes associated; rarely hyperchlorhydria.

The gastric findings are variable; fermentation is frequent, while subacidity or absence of hydrochloric acid is often the case; hyperacidity is seldom noted, while Kemp reports a few instances of achylia.

*Stenotic Type.*—This may be congenital, or acquired from ulcer, cicatrices following burns from acids or alkalis; from severe gastritis producing hypertrophy at the pylorus; repeated pylorospasm from extreme acidity; pressure from large gall stones; perigastric adhesions; sclerosis in the pyloric end of the stomach, and often a stenosis from beginning or slightly advanced malignant disease of the pylorus. Secondary dilatation may also arise from decided stricture of the duodenum or a kink there from "water-trap" stomach.

The symptoms of dilatation of the stomach due to pyloric obstruction are quite characteristic, being modified when malignancy is a factor. When congenital, they come on directly after birth, or a few weeks later, depending on the degree of stenosis. There are present wasting, projectile vomiting, visible gastric peristaltic waves, non-fecal bowel movements, and in some instances a palpable tumor in the region of the pylorus. Projectile vomiting, occurring early in an otherwise healthy appearing infant, when the mother's milk is normal, should quickly excite suspicion of congenital pyloric stenosis. In other cases, where there can be detected no pyloric thickening, where the bowel movements are occasionally fecal, and where, in spite of the projectile vomiting, there is no rapid loss of

weight, the condition is probably due to pylorospasm. Many of these latter cases are wrongly diagnosed, being considered cases of difficult feeding.

*Acquired Stenosis of the Pylorus.*—These symptoms are thirst, dryness of the throat, dry skin, cramp-like pains of considerable severity, peristaltic restlessness of the stomach and vomiting of much chyme, often containing remnants of food taken the day before, or even several days before. The bowels are constipated, and emaciation rapidly supervenes. Intestinal fermentation and putrefaction with indicanuria are often present.

The benign type of stenotic dilatation may pursue rather a long course, with periods of improvement under appropriate treatment, but with a tendency to relapse.

In the malignant type there is marked cachexia, rapid emaciation, either coffee-ground vomitus or that with occult blood, free hydrochloric acid diminished or absent, lactic acid and Boas-Oppler bacilli present, undigested meat, and the age of the patient forty-five or over. A confident diagnosis of malignant stenosis is justified, under such conditions.

*Treatment.*—The acute cases of congenital stenosis in young infants should receive prompt surgical attention. Other treatment is futile, and the reported cures have probably been cases of pylorospasm.

Atonic dilatation is by far the most frequent condition that calls for treatment, being found among those who are hearty and rapid eaters, or who drink immense quantities of fluid, fermented or otherwise. Associated with this we often find disturbed acidity or chronic gastritis.

Dietetic regulations are important, and a light, rather dry diet, as in chronic gastritis is proper, with modifications suited to the amount of acid and other juices secreted. Sufficient water should be allowed, but in moderate quantities at a time.

*Hydrotherapy.*—Much assistance may be obtained from rational hydrotherapy, persistently and intelligently applied. Foolish

hydrotherapy is a bane from which many atonic patients suffer, and unless proper facilities and experienced attendants are available, this part of the treatment had best be omitted. The fan and Scotch douche applied to the epigastrium, and cold compresses and sponging are included in the use of water.

*Lavage.*—This, too, has an important place in the treatment, particularly in the more severe cases where the stomach is emptied with difficulty, and some fermenting residue is often left there. It is best, if practicable, to thoroughly wash out the stomach just before bedtime, as the muscles of that viscus will then have all night in which to rest and accumulate renewed tonus. Should this period of lavage not be convenient, the early morning hours before food is taken are next best. The aim is to wash out superfluous mucus but not food, for if too much of the nourishment is lost with the lavage, the patient suffers in nutrition.

In cases of subacidity with fermentation I use in the lavage one of several antiseptics, as potassium permanganate, ichthyol, liquor alkaline antiseptic (N. F.), or even creolin. In hyperacid cases I use calcined magnesia, soda bicarbonate, boric acid, or lime water. In constipated habit, I allow one or more teaspoonfuls of calcined magnesia mixed with the last half pint of water to remain in the stomach. This generally exerts a mild and pleasant hydragogue cathartic effect.

Electricity, massage, and systematic methods of exercise have their proper and useful place in the treatment of this diseased state, but none of these should be attempted except under competent advice. I often have these sufferers consult me who report various bizarre exercises taken upon the suggestion of zealous but ignorant friends, and find that they have sustained injury thereby.

*Medication.*—Acids, if subacidity is present; alkalies, if hyperacidity is found; bitter and ferruginous tonics, if anemia be in evidence; gentle laxatives or enemas for constipation; stomachics before meals, if the appetite is lacking; nerve sedatives (not

habit-forming ones) for unstable and distressed nerves — all these are indicated in motor insufficiency of the second degree.

*Treatment of Stenotic Dilatation (Non-malignant).*—The treatment afforded this condition by the internist is at best only palliative. No roseate promises of permanent improvement can be honestly given, for they must look to surgery for relief.

If for any reason surgery cannot be obtained, frequent lavage, duodenal or rectal feeding, and the administration of either olive oil or liquid albolene are the best that medical aid can offer. If the pylorus is not entirely obstructed, liquid food may be given, and if the patient will lie on his right side for an hour or more afterward, much of it may pass the pylorus. Unless there is some positive contraindication to surgery, the patient should seek that form of aid; any other form of therapy is simply dalliance with disease.

---

#### STANDARDIZING THE CONCEPTION OF CARDIO-VASCULAR DEPRESSION.

Speaking before a joint meeting of the American Association of Obstetricians and Gynecologists and the Interstate Association of Anesthetists, at Cincinnati, September 15, 1919, Drs. Charles W. Moots and E. I. McKesson emphasized the fact that cardio-vascular depression being the outstanding symptom of the condition known as shock, it is reasonable to start with the proposition that whatever means enable us to determine the very beginning of this condition is of the greatest importance. These authorities hold that:

“When a cardio-vascular system is reacting normally, an increased pulse rate is accompanied by an increased systolic and diastolic blood pressure, and vice versa. The pulse pressure is roughly half as great as the diastolic pressure and is the most direct evidence we have of the amplitude of the heart contraction, the best evidence of effective blood movement. In normal sleep, the pulse rate and blood pressures are lowered, but



their normal relationships are maintained; so are they in an ideal anesthesia.

"But during surgical operations, so many factors enter to disturb the normal reaction of the circulation that we may have many combinations, with almost never a true stimulation, but very frequently a depression of the circulatory system. The changes occur so frequently with sometimes disastrous and sometimes innocent results, that it is most desirable to be able to differentiate between them and to anticipate their onset.

#### BLOOD PRESSURE RULES.

"There is no form of anesthesia, there is no age of patient, there is no type of operation in which one expects to see an elevation of blood pressures during the operation. Our fears are from low blood pressures, rapid pulse rate, and heart fatigue.

"Circulatory Depression or Decompensation is best divided for surgical operation into three degrees:

"1. *Safe*. 10 to 15 per cent increase on pulse rate without change in pressure. 10 to 15 per cent decrease in blood pressures without change in pulse rate.

"2. *Dangerous*. 15 to 25 per cent increase in pulse rate with 15 to 25 per cent decrease in blood pressures.

"3. *Fatal*. Progressively increasing pulse rate above 100 with progressively falling blood pressures of 80 or less systolic and 20 or less pulse pressure, for more than twenty minutes.

"The first degree is never fatal, but may gradually merge into the second degree. The second degree, beginning shock, may be regarded as dangerous in the sense that it exhausts the heart and disarms it for defense against continued low blood pressures.

"The third degree is always dangerous to the life of the patient. A vicious circle is established consisting of the low blood pressure, the reduced heart nourishment which in turn still further reduces the blood pressure, and so on progressively. This usually develops within twenty minutes after the third degree depression occurs and, when

once well established, proves fatal at once or at most within three days. The time in which shock proves fatal depends upon the cardiac muscle reserve and the effectiveness of the treatment employed. Third degree depression may be present in a patient without the usual alarming signs, but after the vicious circle becomes established, evidences of shock become well marked.

#### VALUE OF BLOOD PRESSURE READINGS.

"With the palpating finger, no matter how skilled, one cannot determine all the characteristics of the pulse or the pulse pressures with sufficient accuracy to be of much prognostic value as to the onset and degree of circulatory depression during a surgical operation.

"Blood pressures and pulse determinations every few minutes during all of the more serious operations as well as in many of the so-called minor cases are a part of the duties of every anesthetist. The information regarding the patient's fitness for the operation, his reaction to certain procedures and the immediate prognosis can be gained in no other way with the same degree of accuracy.

"The procedure is made convenient and easy by fastening the blood pressure cuff to the right arm and snugly binding the stethoscope below it with elastic webbing. Readings can then be made at will without disturbing sterile sheets and without losing the continuity of anesthesia.

#### PRESERVING MUSCLE TONE.

"A suitable graphic chart is preferable as a record because the tendencies of the circulation are readily compared from time to time, and because the prognosis based upon these tendencies and the character of operative work to follow can be more accurately made.

"Where nitrous oxid-oxygen was available in skilled hands, the war has corroborated our previous observations that this form of narcosis is one of the best shock prophylactics we have.

"It is not remarkable that nitrous oxid-oxygen should be safer in shock and in

preventing shock than other anesthetics when one recalls the fact that muscle cannot be paralyzed with it.

"The greatest responsibility of the anesthetist is to avoid relative over-dosing of the patient in an effort to please the surgeon who may be demanding a flabby musculature.

"The relaxation is not confined to striated muscles of the abdomen and extremities, but extends to the striated muscle of the heart. The effect is at once reflected by the pulse pressure and if pushed too far the diastolic pressure is also decreased showing the action upon smooth muscle as well.

"The clinical study of blood pressure has

convinced us that the final factor in shock is muscular exhaustion or an interference with muscular action. One thing is most apparent, the average patient having been profoundly anesthetized for extreme relaxation, is half shocked, a second degree depression, and it often takes but little trauma to complete the picture of third degree depression."

In this connection it is interesting to report that all the members of the Toledo Society of Anesthetists have adopted this standardized conception of cardio-vascular depression and are using it graphically on their charts. Their records when compiled should develop some valuable and original information.

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

### EXTENSION WORK PROGRESSING.

Soon after accepting the Presidency of the Society, Dr. Charles A. Powers attended several conferences and meetings of the Board of Directors and Executive Committee, for the purpose of discussing future plans. He was authorized to proceed with the organization of state and local committees and to select leaders to carry on this work in the various centers. With his accustomed energy Dr. Powers has already succeeded in interesting several prominent leaders of the profession in this movement.

In reply to a letter on this subject addressed to Dr. Miles F. Porter, Chairman of the Indiana State Cancer Control Committee, Dr. Porter stated that he would be pleased to carry on this work in his state along lines previously adopted before the war. Work in this state was well organized at that time and Dr. Porter is at present corresponding with the State Federation of Women's Clubs with a view to reviving the campaign through the various women's organizations through the State. He introduced a resolution at the last meeting of the Association of Obstetricians and Gynecologists which was unanimously adopted, pledging the Association's support

to this Society and urging the individual members to take a personal interest in this work. Dr. Porter has succeeded in enlisting the cooperation of the editors of all papers in Fort Wayne by personal interviews, and is planning to make use of these dailies for educational purposes.

One of the States in which nothing heretofore has been done in the way of organizing cancer control sentiment is West Virginia. In a recent letter in reply to Dr. Powers, Dr. Frank LeMoyne Hupp, of Wheeling, stated that he would gladly accept the chairmanship of a Cancer Committee in West Virginia, and would do his utmost to aid with this important work in that mountain commonwealth.

A similar letter was received from Dr. G. E. Armstrong, of Montreal, Canada, one of our newly elected Vice-Presidents. He replied that he knew of no such organization in Canada, though he had drawn attention to this fact editorially in their medical journal. Dr. Armstrong is keenly alive to the importance of this matter and said he would gladly approach some of his newspaper acquaintances with the idea of securing newspaper publicity.

Communications were addressed by Dr.

Powers to the Surgeon Generals of the Army and Navy, asking whether lectures upon the early symptoms, diagnosis and treatment of cancer could not have a place in the public health instruction in these two branches of the service. A reply from Surgeon General Ireland, of the Army, stated that he hoped they would be able to accomplish something in this direction and that the matter was being taken up with General McCaw, President of the Army Medical School.

This all indicates most encouraging interest on the part of these officers and physicians, and leads us to look forward to an ever-widening influence of the Society's work.

### PROPAGANDA FOR REFORM.

"ANTIPNEUMOCOCCIC OIL" AND CAMPHOR IN PNEUMONIA.—The Council on Pharmacy and Chemistry reports that "antipneumococcic Oil" (a solution of camphor in oil, sold by Eimer and Amend, New York) is ineligible for New and Nonofficial Remedies because (1) the recommendations for its use in pneumonia are not warranted by the evidence; (2) the name is not descriptive of the composition, but therapeutically suggestive, and (3) the sale of a solution of camphor in oil under a name non-descriptive of its composition is unscientific and a hindrance to therapeutic progress. (*Jour. A. M. A.*, January 3, 1920, p. 46.)

SINGLETON'S EYE OINTMENT.—This is a British nostrum. The chemists of the British Medical Association in 1909 reported it to be principally a mixture of lard and Japan wax and purified cocoanut oil, with 4 per cent of beeswax and 7.4 per cent of red mercuric oxid. (*Jour. A. M. A.*, January 17, 1920, p. 193.)

KLINE'S NERVE RESTORATIVE.—In 1915, the A. M. A. Chemical Laboratory reported, of this alleged epilepsy remedy, that essentially each 100 cc. of the solution contained approximately 8.7 gm. ammonium bromid, 9.2 gm. potassium bromid and 8.0 gm. sodium bromid. Calculated from the bromid deter-

mination, each mealtime dose contained the equivalent of 17.2 grains of potassium bromid. (*Jour. A. M. A.*, January 17, 1920, p. 193.)

APOTHESEINE.—This is an efficient local anesthetic manufactured by Parke, Davis and Co. It belongs to the procain rather than to the cocain type, that is, while efficient for injection anesthesia, it is relatively inefficient when applied to mucous membranes. The Council on Pharmacy and Chemistry reports that exception was taken to certain claims of efficiency, safety, etc., and that it sent these objections to Parke, Davis and Co. The firm apparently was unwilling or unable to submit evidence for the claims that had been questioned; nor did it offer to modify the claims themselves. Apothesine is, therefore, ineligible for inclusion in New and Nonofficial Remedies. It will, however, be listed in the "Described But Not Accepted" Department of New and Nonofficial Remedies. (*Jour. A. M. A.*, January 24, 1920, p. 264.)

DIAL "CIBA."—This is a hypnotic sold by A. Klipstein and Co., Inc. Chemically, it is closely related to barbital (veronal). The Council on Pharmacy and Chemistry reports that it has not been accepted for New and Nonofficial Remedies because unwarranted claims are made for the product. As it might be made eligible for N. N. R. if the misleading therapeutic claims were eliminated, the Council directed that Dial "Ciba" be included with articles "Described But Not Accepted" so that physicians might be informed with regard to its character and properties. (*Jour. A. M. A.*, January 24, 1920, p. 266.)

VLEMINCKX' SOLUTION.—This solution, used by Dr. W. A. Pusey for verrucae, is a solution of oxysulphuret of calcium. It is in the National Formulary as Liquor Calcis Sulphuratæ and is made by boiling together alcohol and water. (*Jour. A. M. A.*, January 24, 1920, p. 268.)

SKEEN'S STRICTURE CURE.—For some years, a concern in Cincinnati which has gone under the name "D. A. Skeen" and "The D. A. Skeen Co." has advertised a mail order



treatment that was "guaranteed" to cure stricture or enlarged prostate. Now the postal authorities have denied the use of the U. S. mails to this concern and its manager, George B. Poole. The product was found to be essentially a solution of ferric chlorid in alcohol and water. (*Jour. A. M. A.*, January 31, 1920, p. 340.)

**PNEUMO-STREP-SERUM.**—In an advertisement of Pneumo-Strep-Serum, the Mulford Company, by going beyond our present knowledge, carries misleading inferences. If the "Pneumo-Strep-Serum" had the virtues with which the advertisement inferentially endows it, this product would have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies. It has not been so accepted, although many other biologic products of the same manufacturer have been. (*Jour. A. M. A.*, January 31, 1920, p. 342.)

**GRALE'S FRUIT LAXATIVE.**—This is advertised with the claim: "Grale's Fruit Laxative contains only figs, dates, raisins and prunes, a few simple herbs and bran. No DRUGS AT ALL." Though claimed to contain no drug, the A. M. A. Chemical Laboratory reports that the preparation was found to contain ground senna. Since senna is a well-known drug of recognized activity, the claim that the preparation contains no drug is false. (*Jour. A. M. A.*, Feb. 7, 1920, p. 410.)

**DIONOL. — THE GLORIFIED PETROLATUM.**—The exploitation of Dionol is based on the theory: (1) The brain is a generator of neuro-electricity; (2) The nerves are the conductors of this electricity; (3) The nerve sheaths are the insulators; (4) Wherever there is local inflammation, the nerves are short circuited owing to a breaking down of the insulation resistance of the nerve sheaths; (5) This results in "an escape of neuro-electricity"; (6) Dionol coats the nerve sheaths with a nonconducting layer, and this restores the insulation and "stops the leak." Whether this theory was invented to give a "reason for being" for Dionol, or whether Dionol was first invented and it became

necessary to evolve a theory that would give some plausibility to the claims made for this etheralized petrolatum, we are unable to say. In any case, the theory and the product are exploited together. The value of the "case reports" sent out for Dionol may be estimated from a report featured under the heading "Infected Wound \* \* \*" signed "Dr. W." This "Dr." appears to be an osteopath whose specialty, according to his advertisement in his local newspaper, is "Catarrhal Deafness and Hay Fever, Acute and Chronic Diseases." (*Jour. A. M. A.*, Feb. 7, 1920, p. 410.)

**HYPNO-BROMIC COMPOUND.**—A Vermont physician reports that Hypno-Bromic Compound, manufactured by H. K. Wampole and Co., is sold by druggists without prescription, though it contains in each ounce: cannabis indica, 1 grain; morphine,  $\frac{1}{4}$  grain; potassium bromid, 48 grains; hyoscyamus, 1 grain; chloral hydrate, 96 grains. He writes that he has three young women who have become addicts to the preparation as a result of thoughtless prescriptions from physicians. By visiting the various drugstores in town, these addicts have been able to obtain an ample supply of the preparation. Hypno-Bromic Compound is more than an unscientific mixture: it is a dangerous product that should not be sold indiscriminately over the drug counter. Physicians who prescribe such mixtures and druggists who indiscriminately sell such stuff are disgracing two honorable professions. (*Jour. A. M. A.*, Feb. 7, 1920, p. 410.)

**EUPAD AND EUSOL.**—Eupad is a powder composed of equal parts by weight of boric acid and chlorinated lime (containing 25 per cent available chlorin). Eusol is thus made: (a) 25 gm. of eupad are shaken with 1 liter of water, allowed to stand for some hours and filtered. (2) To 1 liter of water add 12.5 gm. chlorinated lime (25 per cent chlorin), shake vigorously, and add 12.5 gm. boric acid in powder and shake again. Allow to stand, decant and filter. If the official chlorinated lime containing 30 per cent available chlorin is used, a proportionately smaller

quantity should be sufficient. (*Jour. A. M. A.*, Feb. 7, 1920, p. 413.)

**INFLUENZA VACCINES.**—The *Medico Military Review*, a semi-monthly mimeographed publication sent to medical officers of the Army by the Surgeon-General's Office, has the following on the use of vaccine against influenza: "You are reminded that so far a comprehensive analysis of results obtained by the use of monovalent and polyvalent vaccines in the prevention of influenza has not demonstrated their value. Much carefully controlled experimental work is now being carried out on this subject both in civil institutions and in the Army, and any worthwhile advances will be reported in the *Review* from time to time. If a prospective vaccine is developed, it will be prepared at the Army Medical School for general distribution and all medical officers will be duly notified. The general use of the present commercial polyvalent protective against influenza is not considered desirable. Numerous telegrams and other requisitions are being received for influenza vaccine. In view of the fact that no prophylactic influenza vaccine is available, such requisitions should be discontinued." (*Jour. A. M. A.*, Feb. 14, 1920, p. 466).

**EUMICTINE.**—The Council on Pharmacy and Chemistry reports that Eumictine is ineligible for New and Nonofficial Remedies because (1) it is unscientific; (2) it is sold under unwarranted therapeutic claims; (3) the name "Eumictine" is blown in the bottle for the obvious purpose of bringing the product to the attention of the public when it is prescribed in the original package, and (4) the name is therapeutically suggestive and not in any way descriptive of its composition. Eumictine is a preparation from the laboratories of Maurice Le Prince, Paris, France, and is marketed in this country by George J. Wallau, Inc., New York. According to the American agent, "each capsule is supposed to contain 20 centigrams of Santalol, 5 centigrams of Hexamethylene-Tetramine." (*Jour. A. M. A.*, Feb. 21, 1920, p. 542.)

**DU PONT COTTON PROCESS ETHER.**—Recently the "New Service" of the E. I. Du Pont De Nemours and Co., Inc., circularized the press of the country with a "filler" about "The New Du Pont Ether." The Du Pont Ether and the claims made for it are seemingly based on the work of one man, James H. Cotton, M. A., M. D., Toronto, Canada, who published an article on "Cotton Process Ether and Ether Analgesia." However, Cotton did not give the composition of the "new" ether, nor does his work appear to have been corroborated. In reply to an inquiry from the Secretary of the Council on Pharmacy and Chemistry, the Du Pont Chemical Works declared that the "procedure of manufacture, and the exact composition" of the ether was regarded as confidential information. The use of a therapeutic agent of unknown composition is unscientific and contrary to the best interests of the medical profession and the public, but it is many times more serious for physicians to use a secret or semi-secret substance as an anesthetic.

**ANTIPLASMA.** — A nostrum called Anti-plasma or Rudolph's Malarial Specific is being exploited in the South. It is claimed that the preparation was "developed by J. J. Rudolph, M. D." and that "There is only one way to cure Malarial Fever. Take 15 drops of Rudolph's Malarial Specific on sugar or in molasses, three times daily for six days." The A. M. A. Chemical Laboratory reports that Antiplasma is a pale yellow, viscid liquid having an odor resembling a mixture of oil of turpentine and oil of wintergreen. The preparation responded to tests for rosin, turpentine and methyl salicylate. It was impossible to determine whether the product was a mixture of the three, or some natural turpentine-like product "thinned" with methyl salicylate. The chemists conclude that a mixture of 53 parts of bleached rosin, 41 parts of oil of turpentine and 6 parts of methyl salicylate would probably have whatever anti-malarial properties Antiplasma possesses. (*Jour. A. M. A.*, Feb. 28, 1920, p. 618.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. K. ME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and

Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Su-

wanee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:

Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter

Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:

Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and

Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam

Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington

Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.

L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:

W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOCARTY, M. D., Chairman . . . . . Key West

W. L. HUGHETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting—DAYTONA—May 12 13, 1920

## DIAGNOSTIC VALUE OF EXAMINATION OF THE SPINAL FLUID.

Since Quinke first introduced lumbar puncture, a very considerable development has taken place in the methods of examining the cerebrospinal fluid obtained by this procedure. At present, as Solomon<sup>1</sup> points out, there are five methods of examination in common use. These are the Wassermann reaction, tests for an increase in albumin, tests for globulin, the colloidal gold test of Lange, and the cell count. As these different tests have been developed there has always been a tendency on the part of their discoverers to herald them as more or less specific in character. Since the opening of the Psychopathic Hospital in Boston, a large series of spinal fluids have been examined by these different tests, and Solomon's article summarizes the results of this experience. There are two main conclusions to be drawn from his work; first, that the Wassermann reaction in spinal fluid is pathognomonic of neurosyphilis, although it may occasionally be absent in such cases; and second, that the other tests mentioned are not pathognomonic tests but are indicative merely of some inflammatory process involving the central nervous system. The analysis of the results obtained at the Psychopathic Hospital makes it clear that, with the exception of the Wassermann reaction, none of these tests, either singly or in combination, are characteristic of any one disease. It does not seem to matter whether the process is a meningitis, an encephalitis, a tumor with sympathetic meningitis, inflammation following a vascular insult or a trauma, or a disease like multiple sclerosis. The result, so far as the changes in the spinal fluid are concerned, is essentially the same, namely, one or a combination of the reactions mentioned is produced. In one case, only pleocytosis may be present; in another case, the colloidal gold reaction may be positive and the other tests negative; in still other cases, combinations of these reactions

1. Solomon, H. C.: Nonconcomitance of Spinal Fluid Tests, Arch. Neurol. & Psychiat. 3:49 (Jan.) 1919.



occur. The examination of the spinal fluid is of such great value as a diagnostic aid that it is important that its limitations should be recognized. As Solomon points out, no spinal fluid can be said to be negative unless all of these different tests have been carried out. It is to be anticipated that further refinements in the examination of the spinal fluid will be developed; but it would seem from these studies that at the present time we can deduce from the examinations mentioned that a patient is suffering either from neurosyphilis or from some other inflammatory condition of the cerebrospinal system. In cases in which added elements like bacteria are present, the specific cause of the inflammation can frequently be detected; and this is true not only of acute infections but also of a large proportion of cases of tuberculous meningitis.—*Jour. A. M. A.*

---

#### THE NATIONAL ANÆSTHESIA RESEARCH SOCIETY.

At a meeting of the Board of Governors of the National Anæsthesia Research Society held in Cleveland, in March, it was voted to have the annual convention of the Society at Pittsburg the week of October 4th, this meeting to be in conjunction with that of the Inter-State Anæsthetists Association, and the Pennsylvania Medical Society. It is possible that the Western Pennsylvania Dental Association also will join in the meeting.

In order to augment interest in the primary purpose of the society, which is research, the governors voted \$200 to be apportioned in prizes for the best papers on research in anæsthesia, such papers to be read at the national meeting. This offer is open to all students, surgical, medical, and dental practitioners in the United States.

Canvass of hospitals having revealed need for a uniform anæsthesia chart, a committee of three was appointed to prepare forms. The committee consists of Dr. A. F. Erdman, of Brooklyn; Dr. A. H. Miller, of Providence, and Dr. E. I. McKesson, of Toledo. It was also decided to prepare and publish at the

earliest moment possible a monograph on the best practices in anæsthesia in obstetrics.

Announcement was made of the acceptance of the following well-known physicians, dentists, and anæsthetists as members of the Research Committee: Dr. F. C. Mann, Rochester, N. Y.; Dr. John Evans, Buffalo, N. Y.; Dr. A. E. Guedell, Indianapolis, Ind.; Dr. Wm. Harper DeFord, Des Moines; Dr. W. E. Burge, University of Illinois; Dr. Wm. Hamilton Long, Louisville, Ky.; Dr. J. Griffith Davis, Baltimore, Md.; Dr. J. J. Buettner, Syracuse, N. Y.; Dr. Tyler, Philadelphia; Dr. Isabella C. Herb, Chicago; Dr. A. F. Erdman, Brooklyn; Dr. A. H. Miller, Providence; Dr. W. B. Howell, Montreal, Canada; Dr. R. S. Hopkinson, Milwaukee; Dr. Oel E. Lamphear, Kalamazoo; Dr. W. I. Jones, Columbus; Dr. Theo. Casto, Philadelphia; Dr. S. P. Reimann, Philadelphia; Dr. John Polak, Brooklyn, N. Y.

---

#### MEDICAL VETERANS OF THE WORLD WAR.

*To all Physicians who served the Federal Government during the War:*

An association of Medical Veterans of the World War was organized at Atlantic City, in June, 1919, at the time of the meeting of the American Medical Association, and a constitution and by-laws adopted. About 2800 physicians have already joined and all others who are eligible are invited to join the society.

The Constitution states that "The dominant purpose of this association shall be patriotic service. The objects of this association shall be: To prepare and preserve historical data concerning the medical history of the war; to cement the bonds of friendship formed in the service; to perpetuate the memory of our medical comrades who made the supreme sacrifice in this war; to provide opportunity for social intercourse and mutual improvement among its members; to do all in our power to make effective in civil life the medical lessons of the war, both for the

betterment of the public health and in order that preparedness of the medical profession for possible war may be assured."

The organization of the society provides for state and local organizations wherever the members desire it, and in some states, such as Wisconsin, organization has already been effected.

It is desired by the national association that those who are already members meet together in larger and smaller groups, at the first convenient opportunity, and effect a local organization with a chairman and secretary, and also at the next meeting of the state medical society that a place be provided on the program for the Medical Veterans.

The organization of the society is based on democratic principles and it is hoped that the members who have already joined will take the initiative and organize their own state and local societies.

The national organization will assist by furnishing application blanks and copies of the constitution and by-laws, and, if desired, stationery.

The first thing to be done after the organization of a state society is effected is to elect a councillor to the general council of the organization, to represent the state society at the next annual meeting of the Veterans at New Orleans on the first day of the meeting of the American Medical Association, April 26, 1920.

A badge or button for members of the society is being made and will soon be ready for distribution.

---

### THE PRIVILEGE OF SERVICE.

The presentation to the American Red Cross of a notable painting—a canvas conveying the American soldier's tribute of gratitude to the organization that ministered to the wounded and strove to lighten the burdens of the country's defenders in the days of national crisis—was an inspirational event. While the circle that witnessed the undraping of the artist's idealistic conception and heard the words spoken on that occasion

was necessarily limited, the inspiration should radio to the remotest corners of Red Cross endeavor.

Why is it that the debt of gratitude so beautifully acknowledged through the painter's brush thrills the heart of the Red Cross worker, now that the war has ceased and thoughts are turned to happier channels? Is it pride of achievement? Is it because of satisfied craving for the plaudits of the multitude? Or is it because of the realization of the privilege that was offered to be of *service* to country, to civilization and to humanity? If not the last, how fruitless, after all, has been the work—how utterly useless the lessons taught to all by the world war!

What spirit was it that spurred the youth of the land to don the uniform at the call to arms—what the basis of supreme gratification in the breasts of the flag's defenders when the sacrifices have been made and the victory won? Fame of the vain, personal sort was not the animating, inspiring motive that sent the American hosts "over the top" and caused them to meet death with a smile on the lips. The soldiers of fortune in the ranks were few. The real spirit—the glorious remembrance that will pass as an heritage to the generations to come—are things incapable of expression in mere words, to be analyzed and interpreted only in the hearts and souls of men. There are things that are understood, but lose their sacred force in the attempt to translate into words.

There is a phrase, however, that we may use in projecting the great lesson—certainly the great lesson from the Red Cross point of view—taught by the war, which embraces the elements best analyzed from within. It is "The Privilege of Service." It applies alike to the fighting men and the men and women who performed duty behind the lines and in the homes—all for a common purpose.

But the war is something we are trying to forget. Its lessons only we are striving to remember and to make of lasting, practical benefit to the people. "The Privilege of Service" has taken on a broader meaning than it had when it presented only the idea of

embracing a duty in the hour of unanticipated national peril. The Red Cross, mobilized into a mighty army by the circumstances of war, is living in the present and looking ever forward—not backward. It feels—the men and women and the children that give it life have impressed in their hearts—the Privilege of Service. We are realizing to the full, if a paraphrase of a hallowed proverb be permissible, that Peace hath its Privilege of Service no less than war.

And that inspiring painting, recalling the dark days that lie behind, would be grievously mis-titled if its significance was limited to the Red Cross power of service in time of war. Then its title should have been: “Thine *was* the Glory.” But “Thine *is* the Glory” shall stand throughout the future as an idealistic inspiration to constant, never-ending *service*. Thus, in the twilight zone between the old and the new, does the soldier’s tribute of gratitude to the Red Cross carry its broader message.—*The Red Cross Bulletin*.

---

#### FAVORABLE HEALTH STATISTICS OF THE SUMMER OF 1919.

The health statistics of the leading cities of the United States, and for the insurance companies, show that the mortality has been lower and health conditions in general more favorable during the past summer than during any corresponding period in recent years. Public health workers attribute much of this low mortality to the cool, comfortable weather prevailing throughout the summer and to the fact that the influenza epidemic of last fall and winter caused the premature deaths of a good many people suffering from chronic diseases. These deaths would have occurred under ordinary conditions throughout the spring and summer of 1919.

The figures available in the records of the Metropolitan Life Insurance Company, Industrial Department, during the three months of July, August, September, this year, show exceedingly low mortality rates from the acute infectious diseases of children — measles, scarlet fever, whooping cough and diphtheria

—as compared with the corresponding months of previous years. Typhoid fever shows a low death rate. This is encouraging because it is a sign of sanitary progress throughout the country. Diarrhea and enteritis, infantile intestinal diseases which have their maximum incidence during the summer in the eastern and central part of the United States, showed this year one of the lowest rates on record. The diseases and conditions associated with child-bearing also indicate improvement over the figures for preceding summers. Beginning with the month of September, there was a slight increase in the death rate for influenza and pneumonia, not enough, however, to warrant the conclusion that the epidemic conditions of last year would be repeated this autumn.

Public health officials, and the health service of the life insurance companies, are carefully watching the current mortality returns with a view to controlling, so far as possible, any unfavorable mortality situation should it arise. The United States Public Health Service has suggested that local and state health departments outline an adequate program for the control of epidemics of respiratory disease. The life insurance companies are urging their policyholders, who have had influenza or pneumonia, to consult with their family physicians frequently in order to combat any of the effects of such diseases upon the heart, kidneys, or lungs.

---

#### WAR RISK INSURANCE.

Director R. G. Cholmeley-Jones of the Bureau of War Risk Insurance announced today that misleading and incorrect statements relative to the permanency of Government Insurance are being circulated by individuals apparently engaged in attempted “twisting” of insurance. A specific and typical report received by the Director was to the effect that some of these individuals had boarded a naval vessel at Philadelphia and had told the sailors that Government Insurance would not be good after five years.



"Government Life Insurance for veterans of the great war is a permanent proposition," said Director Cholmeley-Jones. "Misleading statements have been made to the effect that Government Insurance will cease at the end of five years after the war, or that it will be turned over to private companies. Such statements are absolutely false and without foundation. There is, however, a requirement that the temporary term insurance held during the war which increased in cost from year to year, be changed or converted into one of the six permanent forms of Government Life Insurance (ordinary life, twenty-payment life, thirty-payment life, twenty-year endowment, thirty-year endowment, or endowment at age 62), within five years after the formal declaration of peace by proclamation of the President, if the insured desires to continue to be protected. This permanent insurance does not increase in premium cost as the insured grows older.

"Improper conduct by the individuals I have referred to is in direct opposition to the attitude of the great life insurance companies, which is embraced in a statement by the secretary of one of the large companies, who recently said:

"Of course, a life insurance company can not grant insurance at less than cost, but the Government offers insurance to soldiers and sailors at less than it would cost the Government to grant that insurance (that is because the Government bears all expenses of management, etc.). The Government is justified in this liberality in consideration of the fact that these soldiers and sailors have risked their lives, or have been willing to risk their lives, for the benefit of the Nation. All this being so, it is obviously expedient for soldiers and sailors to take all the insurance offered by the Government at the low rate charged."

"The company whose secretary made the above statement has instructed all its agents to refuse to take applications from soldiers and sailors until they have taken the full amount of the new Government Insurance to which they are entitled."

## NEW AND NONOFFICIAL REMEDIES.

**ICHTHYOL.** — An aqueous solution, the important medical constituents of which are ammonium compounds containing sulphur in the form of sulphonates, sulphones and sulphides. These products result from the sulphonation of the tarlike distillate obtained from the bituminous shales found near Seefeld in the Tyrol. Ichthyol is weakly antiseptic and mildly irritant. It is used locally on the supposition that it will secure the absorption of swellings and effusions in contusions, burns, etc., and especially in gynecologic practice and in various skin diseases. Ichthyol has been tried internally in a great variety of conditions, but its therapeutic value in many of its suggested applications has not been fully established. Merck and Co., New York. (*Jour. A. M. A.*, January 3, 1920, p. 30.)

**CHINOSOL.** — **OXYQUINOLIN SULPHATE.** — Chinosol is a powerful, nontoxic antiseptic, somewhat stronger than mercuric chloride and considerably stronger than phenol. It is a feeble germicide, being weaker than phenol and much weaker than mercuric chloride. Chinosol is claimed to have marked analgesic power and to be an efficient deodorant. Chinosol is also marketed in the form of chinosol tablets 0.25 gm. Parmele Pharmacal Company, New York.

**DUBOIS' IODOLEINE.** — Iodized poppyseed oil. An iodine addition product of poppyseed oil. Dubois' Iodoleine may be used whenever iodides are indicated, its effects being more gradually exerted. It is supplied as Dubois' iodoleine capsules 0.25 cc., equivalent to 0.1 gm. iodine, Dubois' iodoleine injectable, containing 30 per cent iodine, and Dubois' iodoleine injectable ampules, equivalent to 0.3 gm. iodine. David B. Levy, New York. (*Jour. A. M. A.*, January 10, 1920, p. 104.)

**VERONAL-SODIUM.** — A brand of barbital sodium complying with the N. N. R. standards. For a discussion of the actions and uses of barbital sodium, see New and Non-official Remedies, 1919, p. 83. The Winthrop Chemical Company, Inc., New York.

## PUBLISHER'S NOTES.

### CELEBRATES THIRTIETH ANNIVERSARY.

The Thirtieth Anniversary of the founding of The Abbott Laboratories is being celebrated this month. This firm has recently established the precedent in the pharmaceutical field of placing their employes on a profit-sharing basis.

It is a notable fact and one worthy of commendation that more new medicinal chemicals, and council-passed products have come from the house of Abbott during the past five years than from any other firm in this country.

### AT THE NEW ORLEANS MEETING.

Motion pictures showing the surgical uses of Dichloramine-T will be displayed at the April A. M. A. Meeting at New Orleans, by The Abbott Laboratories, of Chicago. All physicians attending this meeting are cordially invited to see these and other interesting pictures of recent medical and surgical procedures.

### NEWS NOTE.

Dr. Katherine L. Storm, of Philadelphia, is announcing the removal of her offices from 1541 to 1701 Diamond street, Philadelphia. The new building which Dr. Storm has purchased has treble the capacity of her present building, and is being equipped with every facility for quick and exact work. Dr. Storm is justly proud of the ever-widening demand for the Storm Binder and Abdominal Sup-

porter, and is planning to maintain her reputation for immediate response to each order.

### FOOD VALUE.

It should be the food value that determines the value of foods. Take self-rising flour, for instance. This product is of varying grades, much of it selling for the same or even less than the plain flour, which in itself is evidence of the fact that it is of inferior quality. Naturally, then, its food value is less than that of a pure plain flour.

In the long run it really costs more and represents a waste. There is no real economy in it. Some housewives are under the impression that it saves them a little effort, but in this they are mistaken. Self-rising flour must often be sifted as it is inclined to get lumpy. The food value of a prepared flour is considerably less than a good grade of pure plain flour which is made from better wheat and contains no cheap leavening agent or calcium sulphate, commonly called plaster of paris, often contained in the ingredients used in self-rising flours in order to cheapen the product.

Thus the flour question serves as a very good illustration of what is meant by saying the value of foods should be determined by their food value. And likewise the economy of using various foods should be determined in a similar manner. It isn't always the cheapest that is best. In fact, the opposite is often the case.

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

## Don't Let the Quack Get Your Rectal Cases

# Diseases of the Rectum

By LOUIS J. HIRSCHMAN, M. D., F. A. C. S., Vice-Chairman Section on Gastro-Enterology and Proctology, A. M. A.; Ex-President of American Proctologic Society; Professor of Proctology, Detroit College of Medicine; Proctologist, Harper Hospital.

### New, 3rd Edition

378 pages, 6x9, with 223 illustrations, mostly original, and four color-plates. Third revised and enlarged edition. Price, cloth, \$5.00.

Send for a copy of this important new book today. Use attached coupon and mail NOW. Special terms of payment can be arranged for.

## C. V. MOSBY COMPANY

MEDICAL PUBLISHERS

801-809 Metropolitan Building

ST. LOUIS, U. S. A.

Send for a copy of Our Medical Book Catalog

NO field of medicine has been so neglected by the general practitioner as that of rectal diseases. The charlatan and quack have taken advantage of this condition and a great amount of legitimate work has fallen into their hands. Hirschman's new edition shows you how to do this work under local anesthesia right in your own office. It is the last word on rectal diseases and dysentery. The section on dysentery by Dr. John L. Jelks, of Memphis, is of special importance.

C. V. Mosby Co.  
St. Louis.

(Florida Med. Jour.)

Send me the New 3rd Edition of Hirschman's "Handbook of Rectal Diseases," for which I enclose \$5.00, or you may charge to my account.

Name.....

## RADIUM-THERAPY DEPARTMENT

of

## THE BIRMINGHAM INFIRMARY

Established 1916

Radium in any form for the treatment of MALIGNANT and BENIGN conditions in which the use of Radium and ALLIED MEASURES has been definitely established. Patients requiring Radium treatment, that are strictly charity, we will gladly give them radium treatment and our services.

Address communications to

### BIRMINGHAM INFIRMARY

DR. W. C. GEWIN,  
President

BIRMINGHAM, ALA.

DR. H. F. WILKINS, B.S., M.D.,  
Radiologist

\$25.00

SPECIAL COURSES at

\$25.00

## The Chicago Polyclinic and the Post-Graduate Medical School of Chicago

The Twenty-Ninth Annual Special Course Will Commence

at The Chicago Polyclinic

AND

at The Post-Graduate Medical School of Chicago

Monday, April 5, 1920

Monday, May 3, 1920

and will continue THREE weeks at each institution. These courses which have given such satisfaction for so many years have for their purpose the presentation in a condensed form of the advances which have been made during the year previous in the following branches: Surgery, Orthopedics, Gynecology, Obstetrics, Genito-Urinary, Stomach and Rectal Diseases and in border-line medical subjects. Fee for each of the above courses \$25.00. Special Operative Work on the Cadaver and Dogs, and General and Special Laboratory Courses. Special evening lectures during the course. For further information address:

### The Chicago Polyclinic

M. L. Harris, M.D., Sec'y  
219 W. Chicago Ave., CHICAGO

### The Post-Graduate Medical School of Chicago

Emil Ries, M.D., Sec'y  
2400 S. Dearborn St. CHICAGO, ILLINOIS



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, April, 1920

Number 10

## PRELIMINARY PROGRAM

*of the*

## FORTY-SEVENTH ANNUAL MEETING

*of*

## THE FLORIDA MEDICAL ASSOCIATION

TO BE HELD AT DAYTONA, FLORIDA

MAY 12th and 13th, 1920

### WEDNESDAY, MAY 12TH, 10 A. M.

Call to order by Doctor C. C. Bohannon, Chairman  
of the Local Committee on Arrangements.

Opening Prayer, Rev. W. L. Lewis.

Address of Welcome, in behalf of the City of Day-  
tona, Hon. F. C. Archibald.

Address of Welcome, in behalf of the Volusia County  
Medical Society, J. M. Mathews, M. D.

Response to Addresses of Welcome, James D. Love,  
M. D.

Report of the Executive Committee.

Report of the Secretary.

Report of the Treasurer.

Report of the Editor.

Reports of the Councillors.

Organization of the House of Delegates.

### 2. P. M.—SCIENTIFIC ASSEMBLY.

W. P. Adamson, M. D., Chairman.

Observations on Some Surgical Conditions of the  
Knee, Edward Jelks, M. D.

Postural Defects in Relation to Joint Strain, E.  
Laurence Scott, M. D.

Preventable Deformities of the Lower Extremities,  
H. Cutting Dozier, M. D.

Emphasizing Some Features of Acute Pyelitis in the  
Adult, R. H. McGinnis, M. D.

Haematuria, J. C. Vinson, M. D.

Nephrolithiasis, J. B. Esch, M. D.

The Internist and the Surgeon in Acute Abdominal  
Lesions, R. Kime, M. D.

Title to be announced, John S. Helms, M. D.

### 5 P. M.

Meeting of the House of Delegates. The President  
in the Chair.

### 8.30 P. M.

#### PUBLIC MEETING.

President's Address, Wm. E. Ross, M. D.

Public Health, Ralph N. Greene, M. D.

An Address on the Congo, Fred Puleston, M. D.

### THURSDAY, MAY 13TH, 9 A. M.

#### SCIENTIFIC ASSEMBLY.

W. P. Adamson, M. D., Chairman.

Otitis Media Purulent Acute and Its Sequelae, H.  
Marshall Taylor, M. D.

Eye Symptoms in Disease of Other Parts, B. F. Hodg-  
son, M. D.

Treatment of Perforated Wounds of the Eyeball  
with Case Report, J. W. Taylor, M. D.

Removal of Foreign Bodies from Air and Upper  
Food Passages, L. C. Ingram, M. D.

Vertigo: An Illustrated Case, Alpheus K. Wilson,  
M. D.

Diagnosis of Ectopic Gestation, Thomas Truelsen,  
M. D.

Obstetrics as Related to Hygiene, Therapy and  
Surgery, Clarence D. Rollins, M. D.

Laboratory Reports, B. L. Arms, M. D.

### 12 NOON.

Election of Officers.

## 2 P. M.

## SCIENTIFIC ASSEMBLY.

W. P. Adamson, M. D., Chairman.

Treatment of Syphilis of the Central Nervous System,  
Ralph N. Greene, M. D.

The Acute Surgical Abdomen, J. W. Alsobrook, M. D.

Anomalies in the Symptomatology of Appendicitis,  
Bennet V. Caffee, M. D.

The Treatment of Influenza-Pneumonia, Stanley  
Erwin, M. D., and Louie Limbaugh, M. D.

The Roentgen Diagnosis of Pleuro-Pulmonary  
Diseases, J. Harry Walter, M. D.

Report of a Few Experiments with Ipecac in Chronic  
Indigestion, Mary Freeman, M. D.

Gastro-Enteric Diseases of Childhood, M. B. Her-  
long, M. D.

Physical Illiteracy, Grace Whitford, M. D.

## 5 P. M.

Meeting of the House of Delegates. The President  
in the Chair.

## ENTERTAINMENT PROGRAM.

May 12th, 3 p. m.—Boat ride for visiting ladies on  
the Halifax River. The boat will leave the  
dock at 3 p. m.

May 13th, 3 p. m. — Automobile ride for visiting  
ladies on the world-famous Daytona Beach  
speedway. Automobiles will leave the club  
house at 3 p. m.

May 13th, 9 p. m.—Informal reception and dance  
tendered by the Volusia County Medical  
Society to the President and members of the  
Florida Medical Association.

All meetings of the General Association of the  
House of Delegates and those of the Scientific  
Assembly will be held at the Palmetto Club House.

## PROGRAM

*of the*

## FIRST ANNUAL MEETING

*of*

THE FLORIDA RAILWAY SURGEONS'  
ASSOCIATION

TO BE HELD AT DAYTONA, FLORIDA

MAY 11th, 1920

OFFICERS OF THE FLORIDA RAILWAY SURGEONS'  
ASSOCIATION.

M. W. Seagears, M. D., President, St. Augustine.  
W. P. Adamson, M. D., Vice-President, Tampa.  
Fred J. Walter, M. D., Secretary, Daytona.

## COMMITTEE ON SCIENTIFIC WORK.

James H. Pittman, M. D., Chairman, Jacksonville.  
The Association will meet in The Palmetto Club  
House on Orange avenue.

TUESDAY, MAY 11TH, 1920.

2.30 P. M.

Call to order by the President, M. W. Seagears, M.  
D.

Reading of the minutes of the meeting of the organ-  
ization, held at Miami, May 20th, 1919.  
Report of the Secretary, Fred J. Walter, M. D.

## SCIENTIFIC ASSEMBLY.

James H. Pittman, M. D., Chairman.

Eligibility of Railway Applicants for Employment  
from a Medical and Surgical Standpoint, M.  
W. Seagears, M. D.

Cellulitis, W. S. Grambling, M. D.

Minor Eye Injuries, W. Herbert Adams, M. D.

Traumatic Neurasthenia, from the Standpoint of the  
Defendant's Surgeon, L. S. Oppenheimer, M.  
D.

Medical Examination of Railway Employees, Its  
Advantages and Results, O. J. Miller, M. D.  
Annual Election of Officers.

## REPORT OF SURGICAL CASES.\*

R. R. KIME, M.D., F.A.C.S.,

Lakeland, Fla.

Case 1—S., colored, male, age thirty, married, previous health good. Shot in abdomen about 4 a. m., June 8, 1919. Saw him in consultation about 8.30 a. m., operated about 10.30 a. m. A 38-caliber cartridge penetrated abdominal wall  $1\frac{1}{2}$  inches below umbilicus about  $\frac{1}{2}$  inch to the left of the middle line, ranging to the left backward and outward, lodging in the muscular wall just above the crest of the ilium posterior third. Incision made through or by enlarging the skin wound, found one-third the muscular fibres of left rectus severed and tract entering abdomen. On investigation found five openings in small intestines, also three perforations of its mesentery; in addition two openings in descending colon, there was considerable free hemorrhage in abdomen.

Each opening was closed with number one chromic catgut with round-point needle. The two openings in descending colon were difficult to reach and close properly, as they were near attachment of colon to abdominal wall and could not be brought up to incision.

Did not try to remove cartridge at this time, as it had passed out of abdominal cavity, and to have searched for it would have prolonged the operation unnecessarily at this time.

Large soft-rubber drainage tube was placed extending to near outer perforation in descending colon; incision closed around tube, dressed iodine to skin and covered with sterile gauze.

Seven days later, suppuration having set up at location of cartridge, incision was made, cartridge removed, also a strip of cloth large enough to cover the cartridge which had penetrated intestines and reached this point. Abscess drained. Five or six days after this work a fecal discharge appeared at abdominal incision indicating fecal fistula.

Under restricted diet, intestinal antiseptics, bland antiseptic dressings to the wound, the fistulous tract gradually healed and wound closed, patient making a complete recovery.

Case 2—Mrs. B., age thirty-five, married seventeen years, mother of five children, two miscarriages; pain at periods, weighty bearing-down sensations in lower part of abdomen, leucorrhoea, constipation. Examination revealed cervix lacerated, perineum lacerated with cystocele and rectocele, uterus enlarged, retroverted, prolapsed, tender on pressure, tender over appendix. History of previous trouble with appendix and indigestion.

Operation April 10, 1919, at Lakeview Sanatorium. Dilated cervix, curetted uterus, amputated cervix, built up perineum, correcting cystocele, then opened abdomen a little to the right of the middle line, removed right ovary and tube, shortened both round ligaments, removed a retrocecal appendix and corrected a Lane kink. The appendix contained three large concretions and obstructed. Patient made an eventful recovery.

This case is reported simply to demonstrate that quite a number of operations may be grouped together and done at same time, saving patient the necessity of two or three trips to hospital, repeated anaesthetics and greatly increased expense.

It goes without saying that a surgeon must use judgment in doing this amount of surgery at one time. The condition of patient, amount of vitality, function of vital organs, and the presence of infection, pus accumulations, malignancy, etc., must be given due consideration in grouping operations and doing more than one operation at a time.

Case 3—Mrs. P., age thirty-eight, married, mother of three children, youngest three years old; periods at regular time but painful, pain and tenderness in lower part of abdomen, no special trouble at time of labors, no miscarriages. Three months previous had attack of influenza with marked pain in lower abdomen, elevation of pulse and temperature, nausea and vomiting, bowels constipated. Fever, nausea, pain and constipation continued more or less up to present date, May 17, 1919.

\* Read at a meeting of the Physicians' Club, Lakeland, January, 1920.



On entering Lakeview Sanatorium had temperature ranging from 100 F. to 103 F., pulse ranging above 100 per minute, tongue red and pointed, nausea and vomiting food, mouth sore, lost in flesh, no cough, pain in lower abdomen. Examination revealed a semi-solid mass, filling pelvis and reaching to near umbilicus, tender on pressure, painful, immovably fixed by adhesions, uterus imbedded in the mass, not able to map out size nor outlines of uterus, tumor not solid enough for fibroid, nor soft enough for a cyst, nor resilient enough for fluid on tension, mass irregular in outlines. Examination urine revealed some kidney irritation.

A tentative diagnosis of suppurating fibroid or infected dermoid was made. Patient at the time refused operation, believing her trouble was with stomach complicated with malaria.

Under treatment and care at sanatorium patient improved so far as stomach and digestion were concerned, fever and general condition about same and tumor condition unchanged.

Patient consented to operation, which was done June 2, 1919. Incision a little to right of median line, extending high enough to make a good exploration, found extensive adhesions in all directions, intestines imbedded in wall of growth, in different places, so that sections of intestines would have to be removed if growth was removed intact, which we soon decided was impossible to do with safety to patient, infection being present. Abdominal cavity was then walled off above with gauze, incision extended downward to near pubes, getting below adherent intestines; made an incision direct into growth, entered an abscess cavity, draining off about  $1\frac{1}{2}$  pints of very offensive pus; then removed a mass of material from cavity which was attached to uterine side and had to be cut loose from uterus and bottom of cavity. This abscess cavity was found to be lined or walled in by a hard shell which could be easily broken; found a line of cleavage and removed the shell piece-meal, with free bleeding from raw surface left, dissecting it

loose in places, leaving the outer wall of growth containing intestines, packed cavity to control bleeding; removing this packing; then placed two large rubber split drainage tubes in cavity and packed loosely with gauze.

Cleansed hands and closed abdominal cavity above with catgut stitches, closed lower part of incision up around drainage, placing two stay sutures, or rather two double silk-worm gut sutures, with aluminum stay plates, to relieve tension and use later to secure more rapid healing of wound with less scar tissue. Dressed wound antiseptically, using 25 per cent iodine in alcohol and plenty of gauze.

Mass removed was found to contain hair, boney substance, also five full-grown molars and other smaller teeth.

Under antiseptic dressings and drainage, the abscess cavity gradually filled up and wound healed.

A late report from case states she has recovered and is doing well. Dakin's solution was used in abscess cavity for several days, but did not seem to act well, then changed to a mixture of thymol, bismuth sub. nit. in olive oil with an occasional application of tr. iodine 50 per cent in alcohol which acted much better.

I find this mixture much more efficacious in such cases and that wound heals more rapidly with less scar tissue.

---

## PRINCIPAL CAUSES OF DEATH.

The Census Bureau's annual compilation of mortality statistics for the death registration area in continental United States, which will be issued shortly, shows 1,471,367 deaths as having occurred in 1918, representing a rate of 18.0 per 1,000 population, the highest rate on record in the Census Bureau—due to the influenza pandemic.

### *Influenza and Pneumonia (All Forms).*

Of the total deaths 477,467, or over 32 per cent, were due to influenza and pneumonia (all forms), 380,996 having occurred in the last four months of the year during the in-

fluenza pandemic. The rate for influenza and pneumonia (all forms) is 583.2 per 100,000. Influenza caused 244,681 deaths and pneumonia (all forms) 232,786, showing rates of 298.9 and 284.3 per 100,000, respectively, these being the highest rates which have ever appeared for these causes. The rate in 1917 for influenza was 17.2 and for pneumonia (all forms) was 149.8. In fact the difference (416.2 per 100,000 population) between the 1917 and 1918 rates corresponds with the excess mortality which occurred in the last four months of the year from the influenza pandemic.

The next most important causes of death were organic diseases of the heart, tuberculosis (all forms), acute nephritis and Bright's disease, and cancer, which together were responsible for 391,391 deaths, or nearly 27 per cent of the total number.

The death registration area in 1918 comprised 30 states, the District of Columbia, and 27 registration cities in nonregistration states, with a total estimated population of 81,868,104, or 72.8 per cent of the estimated population of the United States. The Territory of Hawaii is now a part of the registration area, but the figures given in this summary relate only to continental United States.

The deaths from organic diseases of the heart numbered 124,668, or 152.3 per 100,000 population. The death rate from this cause shows a slight decrease as compared with 1917, when it was 153.2 per 100,000. There have been fluctuations from year to year, but in general there has been a marked increase since 1900, the earliest year for which annual mortality statistics were published, when the rate for organic diseases of the heart was 111.2 per 100,000 population.

Tuberculosis in its various forms caused 122,040 deaths, of which 108,365 were due to tuberculosis of the lungs. The death rate from all forms of tuberculosis was 149.1 per 100,000, and from tuberculosis of the lungs, 132.4. The rate from tuberculosis of all forms declined continuously from 200.7 per 100,000 in 1904 to 141.6 in 1916, the decrease amounting to nearly 30 per cent; but for

1917 and 1918 increases are shown, the 1918 rate being somewhat higher than the rate for 1917, when it was 146.4. Until 1912 more deaths were due to tuberculosis than to any other single cause, but in that year and during the period 1914-1918 the mortality from tuberculosis was less than that from heart diseases.

Bright's disease and acute nephritis caused 79,343 deaths, or 96.9 per 100,000. This is a noticeable decrease as compared with 1917 when the rate was 107.4 per 100,000.

Cancer and other malignant tumors were responsible for 65,340 deaths, of which number 24,783, or nearly 38 per cent, resulted from cancer of the stomach and liver. The rate (79.8) is a decrease from 1917, when it was 81.6. With the exceptions of the years 1906, 1907, 1911, 1917, and 1918, there has been a continuous increase in the death rates from these diseases.

Apoplexy was the cause of 64,904 deaths, or 79.3 per 100,000. This rate, too, declined, having been for 1917, 82.9.

Diarrhea and enteritis caused 59,109 deaths, or 72.2 per 100,000, a decrease from the rate (79.0) for 1917. More than four-fifths of the total deaths charged to these causes in 1918 were of infants under two years of age.

Arterial diseases of various kinds—atheroma, aneurism, etc.—resulted in 19,027 deaths, or 23.2 per 100,000, which rate is somewhat less than that (25.3) for 1917.

Deaths from diabetes numbered 12,927, or 15.8 per 100,000. The rate from this disease increased almost continuously from 9.7 in 1900 to 17.0 in 1916, but since 1916 a slight decrease for each year is apparent. The rate for 1917 was 16.9.

Bronchitis caused 12,783 deaths, or 15.6 per 100,000. This rate is lower than that for any preceding year. The proportional decline from 1900, for which year the bronchitis rate was 45.7, to 1918, amounted to 66 per cent.

The rate for diphtheria is 13.8, representing 11,280 deaths. As compared with 1917, when the rate was 16.5, there is a perceptible decrease.

*Typhoid Fever.*

Typhoid fever resulted in 10,210 deaths, or 12.05 per 100,000. The mortality rate from this cause has shown a remarkable reduction since 1900, when it was 35.9, the proportional decrease amounting to 65 per cent. This highly gratifying decline demonstrates in a striking manner the efficacy of improved sanitation and of the modern method of prevention — the use of the antityphoid vaccine.

*Whooping Cough and Measles.*

Whooping cough and measles together were responsible for 22,534 deaths of adults and children, or 27.6 per 100,000. The rates for these diseases were respectively, 16.8 and 10.8 as compared with 10.4 and 14.3 for 1917.

*External Causes.*

Deaths due to external causes of all kinds — accidental, suicidal, and homicidal — numbered 82,349 in 1918, corresponding to a rate of 100.6 per 100,000 population. This is a noticeable decrease, the rate for 1917 being 108.8. In fact, except for automobile and machinery accidents and injuries, all the external causes showed a general decrease in 1918.

The greatest number of deaths charged to any one accidental cause — 10,330, or 12.6 per 100,000 — is shown for falls.

Next to falls, the greatest number of accidental deaths — 8,610, or 10.5 per 100,000 — resulted from railroad accidents and injuries.

Deaths from automobile accidents and injuries in 1918 totaled 7,525, or 9.2 per 100,000 population. This rate has risen rapidly from year to year, which strongly suggests the need for better traffic regulations and better enforcement of those we now have.

Burns — excluding those received in conflagrations — were responsible for 6,638 deaths, or 8.1 per 100,000.

Accidental drowning caused 5,633 deaths, or 6.9 per 100,000. This rate is considerably less than that for any preceding year since 1910.

Deaths due to accidental asphyxiation (ex-

cept in conflagrations) numbered 3,371, or 4.2 per 100,000. This rate is slightly less than that, 4.5, for the previous year, but is somewhat higher than the rate for any year during the preceding ten-year period.

Nine accidents and injuries resulted in 2,497 deaths, or 3.1 per 100,000.

Machinery accidents caused 2,371 deaths, or 2.9 per 100,000, a rate greater than that for any year covered by the Bureau's mortality records.

Deaths resulting from street-car accidents numbered 2,366, corresponding to a rate of 2.9 per 100,000.

Deaths due to injuries by vehicles other than railroad cars, street cars, and automobiles numbered 2,337, or 2.7 per 100,000.

The number of suicides reported for 1918 was 9,937, or 12.1 per 100,000, the rate being the lowest shown for any year since 1903.

Other deaths due to external causes totaled 20,834, or 25.4 per 100,000.

---

## THE IMPORTANCE OF BLOOD PRESSURE OBSERVATION IN SURGICAL PROGNOSIS.

Speaking before the Providence (R. I.) Medical Association, Albert H. Miller, president of the American Association of Anesthetists, drew attention to the fact that the blood pressure is the most valuable single means at the disposal of the surgical team for making a pre-operative prognosis and for judging the condition of the patient during and after operation. It may uncover arteriosclerosis, nephritis, myocarditis, aortic insufficiency, or mitral stenosis. It registers the ability to withstand hemorrhage, the depression of the anesthetic and surgical shock. Publishing his conclusions in the *Boston Medical and Surgical Journal*, 1919, Miller contends that in the present advanced state of surgical knowledge, the patient has a right to expect a fairly exact pre-operative diagnosis and a very exact pre-operative prognosis. The surgeon who makes and records a prognosis before each operation and checks up his pre-operative opinion with the result



will rapidly gain in skill in this important department.

Miller classifies his cases into good, fair and poor risks. Good risks—patients free from organic diseases, whose surgical condition is not likely to prove fatal—are expected to recover. If a fatality occurs in this class of patients, the case should be carefully gone over to determine if the pre-operative prognosis was in error or the work of the surgical team to blame for the fatality. In fair risks—patients suffering from organic disease, but whose surgical condition is not specially serious, if no examination and no prognosis has been made, the necessity for a lame explanation of a fatality—for instance fatal diabetic coma after appendectomy—is most deplorable. In poor risks—patients whose surgical condition is so serious or so far advanced as likely to result in fatality, recovery may be unlikely without operation, and the prospect of death should be anticipated by due warning.

In a series of 1000 consecutive operations, studied under this classification, Miller found the following results:

	Class 1.	Class 2.	Class 3.	Total.
Cases .....	734	179	87	1000
Deaths .....	2	14	29	45
Percentage .....	.27	7.82	33.33	4.5

The deaths recorded occurred in from 24 hours to 3 weeks after operation. No deaths took place during or immediately following operation. Measured measure of anesthesia were used by Miller exclusively.

To determine the accuracy of Moots' rule: that if the pressure ratio (representing the relationship existing between the kinetic energy expended by the cardiac contraction in moving the blood column and the potential energy stored in the arterial walls and columns of blood which they contain), lies between 25 and 75 per cent, the case is probably operable, if outside these limits, probably inoperable—Miller investigated his series of 1000 cases and tabulated the results. According to Moots' rule 3.23 per cent of the operable cases died and 96.77 per cent recovered. Of the inoperable cases 23.07 per cent died and 76.93 per cent recovered. Some

of the cases classed as inoperable underwent minor operations safely, and some of those classed as operable died after very serious operations and under circumstances which could not have been readily predicted. On an average, Miller believes that his results show the great value of Moots' rule in surgical prognosis.

McKesson's rule: that after a half-hour of sustained low blood pressure and rapid pulse, almost every patient succumbs either shortly or within three days of surgical shock and heart exhaustion—was put to a similar test. In a considerable number of cases shock (characterized by a diastolic pressure of 80 mm. or less, a pulse pressure of 20 mm. or less and a pulse rate of 120 or more), was reported by Miller to his surgeons and the operation rapidly completed. All of these patients recovered. Thirteen of the patients were in the danger zone from 25 to 70 minutes. Of these 9 died, giving a mortality rate of 69.23 per cent. These figures certainly indicate the great value of McKesson's rule for determining shock during operation.

Both rules, according to Miller's conclusions, are trustworthy and valuable aids and should be routinely employed.

## BOTULINUS POISON NEVER PRESENT IN SOUND FOOD.

Botulinus poisoning which recently killed six in one family in New York is caused by eating spoiled food infected with the bacillus botulinus, say the officials of the Bureau of Chemistry, United States Department of Agriculture, who have investigated this and other poisoning cases in connection with the enforcement of the Food and Drugs Act. In the New York case death was caused by botulinus poison in ripe olives. The olives remaining in the bottle in this case had an offensive odor. The same condition was found in the food in other cases investigated by the department. All spoiled food does not contain this poison, but any spoiled food even though the spoilage be slight may contain it, and for this reason, say the officials, all food

showing even the slightest unnatural odor, unnatural color, swelling of the container, signs of gas, or any evidence of decomposition whatever, should be discarded.

The Department of Agriculture has used every possible effort and gone to the limit of its legal authority to remove all dangerous foods from the market by seizure under the Food and Drug Act, say the officials. Each time when botulinus poisoning has occurred food inspectors have traced through the channels of commerce the batch from which the poisonous food came and have used all measures under the law to remove it from the market. Samples from all other brands put out by the packer have been examined. Since the law authorizes seizure in such cases only when the foods are actually found to be decomposed or to contain poisonous ingredients, since only an occasional package in millions is infected with bacillus botulinus, and since it is physically possible to open and examine but a comparatively few of the millions of cans entering interstate commerce, it is beyond the power of the authorities to protect the public completely. For this reason they emphasize the necessity for scrupulous care on the part of persons opening and serving foods to discard anything which is spoiled. In products not obviously spoiled, if there is doubt in the recognition of the odor proper to the product, thorough cooking will remove the possibility of danger from botulism. If spoilage is apparent, destruction is recommended by the specialists.

Nobody knows just how the bacillus botulinus gets into any particular food. It has been found in articles put up in the home by the careful housewife and in goods packed in commercial establishments. It may be present in a few packages only of any lot. There is no method, the officials say, by which the packers or home canners can assure themselves by casual examination before canning that the product does not contain the bacillus botulinus.

If the food were in all cases properly sterilized and perfectly sealed the development of the poison would be impossible, but

no method of preserving food has yet been found, the specialists say, that eliminates the occasional spoiled package. Failure to sterilize may not become apparent for weeks or even months after the canning of the article. If signs of spoilage have appeared when the can is opened, it is clear warning that the product is no longer edible. There is no greater probability of botulinus poisoning in olives than in many other food products either commercial or domestic. Until this year it has been more commonly found in string beans, asparagus and the like. It was originally found in sausage. It has been found in cheese; it is present sometimes in stock food, such as moldy hay and other kinds of spoiled forage, but it has never been found in the department investigations in any kind of food that was not spoiled.

---

#### PROPAGANDA FOR REFORM.

**AUTO-HEMIC SERUM.**—This is an asserted cure for laziness, ugliness, frigidity and many other things. For many years L. D. Rogers, the discoverer of Auto-Hemic Serum, was the chief owner of the National Medical University of Chicago—a low-grade school of the “sun-down” variety now out of existence. A few years ago, Rogers was exploiting a cancer serum and selling shares in the “Cancer Research Laboratory and Hospital.” In 1915, he exploited a Japanese consumption cure. Then came Auto-Hemic Serum, exploited by means of “The National Society of Auto-Hemic Practitioners” and the *North American Journal of Homeopathy*, the official organ of the “Auto-Hemic Practitioners” and of the “American Medical Union.” Auto-Hemic Therapy is described as “The Missing Link in Medicine” and “consists in giving the patient a solution made by attenuating, hemolizing, incubating and potentizing a few drops of his or her own blood and administering it according to a refined technic developed by the author.” The “technic” of this new therapy may be learned through a mail order course costing one hundred dollars, “cash-in-advance.” One

of the chief virtues claimed for the serum is that of developing in the patient who takes it an unbounded energy; it apparently makes him want to work himself to death. (*Jour. A. M. A.*, Feb. 14, 1920, p. 477.)

BARBITAL (VERONAL) ADDICTION. — The constant use of even small doses of barbital (veronal) affects the central nervous system. Those taking the drug habitually become much debilitated and seem less able to stand moderate doses. Death has occurred from a 3-gm. dose in addicts. (*Jour. A. M. A.*, Feb. 21, 1920, p. 544.)

PHARMACY BY ACT OF CONGRESS. — For years the manufacturers of "patent medicines" have assured us that the alcohol in their nostrums was used only as a solvent, preservative or extractive agent. Thus Wine of Cardui at one time contained 20 per cent of alcohol and the manufacturer claimed that no more was used than was needed as a solvent and preservative, and that attempts to substitute another preservative had proved futile. Then came national prohibition and now Wine of Cardui contains 10 per cent of alcohol and its preservative powers have been fortified by the addition of benzoates. (*Jour. A. M. A.*, Feb. 28, 1920, p. 607.)

LACTIC ACID-PRODUCING ORGANISMS AND PREPARATIONS.—Fermented milks have long been used because they were palatable to many or because of an opinion among the laity and among physicians that they were advantageous in certain disorders of the gastro-intestinal tract. A great stimulus to the employment of fermented milk was given by the theories of Metchnikoff regarding intestinal putrefaction, which are, however, entirely unsupported by scientific evidence. No one seriously subscribes to his opinions at the present time, but, on the other hand, there is evidence that the administration of sour milk products is at times beneficial. In pediatrics, fermented milk has found a wide application. By the use of acid-producing bacteria, milks of suitable composition may readily be prepared. For this purpose,

bacteria of the Bulgarian bacillus group, usually in association with *Streptococcus lacticus*, have been found particularly satisfactory. There is little evidence showing that organisms of the Bulgaricus group can be implanted in the intestinal tract. There is little evidence that liquid cultures of lactic acid organisms are of value as local application to mucous membranes or in arresting putrefaction or supuration in wounds, abscesses or sinuses. Liquid cultures of lactic acid organisms, and still more the tablets, deteriorate with age. All such preparations must be stored in an ice-chest and should be marked with an expiration date after which they are not to be used. (*Jour. A. M. A.*, Dec. 20, 1919, p. 1887.)

LACTIC ACID FERMENTS. — In preparing the 1920 edition of New and Nonofficial Remedies, it appeared desirable to the Council on Pharmacy and Chemistry that careful reconsideration should be made of the use in medicine of lactic acid bacteria—and products prepared by means of these bacteria—in relation to practical therapy. A special committee consisting of a physiologic chemist (Lafayette B. Mendel, chairman), a pediatrician (John Howland), an internist (W. P. Longcope), a rhinologist (H. I. Lilly), and bacteriologist (L. F. Rettger) took up the problem. A circular letter was sent by the committee to a large number of well-known bacteriologists, clinicians and manufacturers who might be assumed to have experience or information bearing on the practical use of lactic acid bacilli. Based on the replies which were received, the committee has revised the discussion of "Lactic Acid-Producing Organisms and Preparations" which appears in New and Nonofficial Remedies. These replies showed that the bacteriologists and scientific laboratory workers show far less enthusiasm for the claims of lactic acid bacteria for a place in practical therapy than do the clinicians. It was the general opinion that the Bulgarian bacilli cannot be effectively implanted in the alimentary canal by feeding cultures thereof.



The overwhelming preponderance was against the usefulness of cultures of the bacilli in infected sinuses, cavities, etc. The committee recommended that cultures of *Bacillus acidophyllus* be not included in N. N. R. at present. The committee considers it important that the Council should continue its control of the viability and purity of cultures offered for sale. (*Jour. A. M. A.*, Dec. 20, 1919, p. 1895.)

**THE COUNCIL ON PHARMACY AND CHEMISTRY.**—The profession should recognize that the most important factor in the clearing up of the advertising pages of medical journals has been the Council on Pharmacy and Chemistry of the American Medical Association. The Council has been criticized both by the manufacturer and the profession, but it has gone on doing the work for which it was created. Sometimes the practitioner feels that his clinical experience justifies the use of a preparation which the Council has not found reason to accept. While apparent clinical results may be misinterpreted, the carefully conducted examinations of the Council are likely to be definite and dependable. We are becoming more and more convinced of the unreliability of reports of clinical use by physicians. Practitioners should avail themselves of the Council's investigations by frequent reference to the reports of the Council. If they would keep on hand a copy of New and Nonofficial Remedies for ready reference and prescribe only of the new preparations those that have been accepted by the Council, they would aid materially in the establishment of a scientific and reliable therapeutics. (*Jour. Kansas Med. Soc.*, Aug. 1919, p. 193.)

**THE USES OF YEAST.**—Yeast is one of those remedies that have undergone alternating cycles of use and of disuse; just at present it appears again to be in its ascendancy. Recently renewed attention has been called to its laxative qualities. The much-debated question whether yeast can be used as a food, can be answered in the affirmative. However, in view of its laxative action, the amount of yeast which can be ingested is limited.

Also, owing to its high nuclein content it is contraindicated in gout. As a source of water-soluble growth-promoting as well as antineuritic vitamin, yeast has become thoroughly established. However, as common foods contain this vitamin, there is little likelihood of its proving of therapeutic value, since it promotes growth only when stunting is due to lack of vitamins. Yeast has been used as an application in acne, for infected wounds and in leukorrhea. Recently the curative value of the oral administration of yeast in various cutaneous disorders has been reasserted. (*Jour. A. M. A.*, Aug. 23, 1919, p. 628.)

**CAPELL'S UROLUETIC TEST.**—A "Doctor" H. F. Matthews, representing the Capell Laboratory, Omaha, is demonstrating an asserted new test for syphilis—Capell's Uroletic test. J. O. Cobb, M. D., Senior Surgeon in Charge U. S. Marine Hospital, Chicago, writes that in a demonstration of the test (which is to be applied to the urine of patients) "Doctor" Matthews was given the same specimen of urine in four different containers, and he read a different degree of reaction for each of them. Capell's Laboratory is apparently conducted by Dr. W. L. Capell. Some years ago, Dr. Capell was connected with a concern known as "Acneine Pharmacal Company." In 1917, W. L. Capell was connected with Capell, Cameron Co., Inc., which was selling "Capell's Uroletic Test," "Capell's Treatment for Syphilis" and other remedies. The treatment for syphilis (mercarodin) is sold by Capell's Laboratory. It also sells Acneine, which apparently is the same product that was sold in 1906 under the name "Sambu-Co" by the Holtman-Stringer Co., of Omaha. While the Capell Laboratory still sells proprietaries, it appears to be featuring the "Uroletic Test" at the present time. The test would be important if it was reliable; unfortunately its scientific value to the sufferer is negligible, compared with its economic value to the exploiter. It is not so much a test for syphilis in the patient as of credulity in the doctor. (*Jour. A. M. A.*, Aug. 23, 1919, p. 626.)

**BENZYL BENZOATE.**—Although the benzyl esters have been known only a short time in medicine, the possibilities of their usefulness in certain fields of practice is becoming apparent. Benzyl benzoate has already been accepted for New and Nonofficial Remedies. The therapeutic applicability of benzyl esters arose from the investigation of opium alkaloids by D. I. Macht. The study demonstrated that opium alkaloids may be divided into two classes: the pyridin-phenanthrene group, of which morphin is the style, and the benzyl-isoquinolin group, to which papaverin belongs. The former was found to stimulate contractions of unstriped muscle, whereas the papaverin-like alkaloids inhibit the contractions and lower the muscle tone. A search for simpler, non-narcotic compounds of the latter which might still act in inhibitory manner on smooth musculature led to the use of benzyl acetate and benzyl benzoate. Ureteral colic and excessive intestinal peristalsis have been found to yield to the tonus-lowering action of these two drugs. Apparently satisfactory results from the use of benzyl benzoate in dysmenorrhea have recently been reported. (*Jour. A. M. A.*, Sept. 6, 1919, p. 770.)

**CASE'S RHEUMATIC SPECIFIC.**—More than five years ago, *The Journal A. M. A.* exposed Case's Rheumatic Specific, the A. M. A. Chemical Laboratory showing that its essential drug was sodium salicylate. Now comes the United States Post Office Department and interferes with Mr. Case's presumably lucrative quackery by denying him the use of the mails. In recommending the issuance of a fraud order, the solicitor of the Post Office Department declared: "Mr. Case, the respondent herein, is not a physician and has had little opportunity for study along medical lines. \* \* \* He knows nothing of the effect of drugs and he is incompetent to prescribe their use. When he sells one form of treatment for all forms of rheumatism, irrespective of the superinducing cause or causes of the trouble, he well knows that it is mere guesswork on his part—a hit or miss chance of recovery—and

when he calls such a treatment a 'Specific for Rheumatism,' and solemnly urges its use as a cure for practically all forms of rheumatism, he knows that he is not acting in good faith, and his scheme for obtaining money through the mails by such means should be suppressed." (*Jour. A. M. A.*, Sept. 13, 1919, p. 852.)

**IODIN TINCTURES, WATER SOLUBLE.**—T. Sollmann has investigated the claim that certain proprietary iodine preparations are superior to the official tincture of iodine and to compound solution of iodine (Lugol's solution). The claim of superiority is based on the allegation that the potassium iodide in the official preparations causes local irritant action. Since the proprietary preparations have been shown to contain free hydrogen iodide, this claim seemed improbable to Sollmann, and he surmised that apparent decrease in irritant effects was due to a lower iodine content of the proprietaries, such as Burnham's Soluble Iodine and Sharp and Dohme's Surgodine. From experiments which he conducted with the various iodine preparations, all diluted to the same iodine strength, Sollmann concludes: The presence of potassium iodide in the official tincture of iodine does not seem to render this preparation more irritant. On the contrary, it is somewhat less irritant to the skin and much less precipitant to protein than the simple alcoholic tincture or the secret and nonsecret "miscible tinctures." The more even spreading and the more rapid coagulation of proteins render the simple alcoholic solution of iodine probably the best for the "disinfection" of the skin, while the delayed protein precipitation of the U. S. P. tincture would probably render this somewhat superior for the disinfection of open wounds. (*Jour. A. M. A.*, Sept. 20, 1919, p. 899.)

**THE PATENTING OF NEW THERAPEUTIC AGENTS.**—Enterprising pharmaceutical manufacturers have usually been ready to appropriate the results of scientific research by investigators or therapeutic measures suggested by practicing physicians. Not infre-

quently, in such cases, the desire for financial gain has caused the marketing of such products with extravagant, if not false, claims to their value. Therefore, though it is unethical for physicians to receive remuneration from patents on medicines or instruments, it is important that new therapeutic agents discovered in our research institutions be protected by patenting them and thus to so control them that they may be available without subordination to commercial interests. In 1914, the House of Delegates of the American Medical Association passed a resolution to the effect that the board of trustees of the Association should accept at its discretion a patent on a medicine or surgical instrument, as trustee, for the benefit of the profession and the public, provided that neither the Association nor the patentee should receive remuneration for this patent. The Rockefeller Institute for Medical Research has solved the problem in a similar manner. Certain products discovered there have been patented. It is proposed to permit the manufacture of such discoveries under license by suitable chemical firms and under conditions which will insure the quality of the drugs and their marketing at reasonable prices. It is further announced that the Institute will not receive any royalties or pecuniary benefits from the licenses it issues. (*Jour. A. M. A.*, October 18, 1919, p. 1219.)

AMERICAN-MADE SYNTHETIC DRUGS.—P. N. Leech, W. Rabak and A. H. Clark report on the work which was done in the A. M. A. Chemical Laboratory in the efforts to overcome the shortage of synthetic drugs during the recent war. In particular they report on the examination of and the establishment of standards for procaine (novocaine), barbital (veronal), phenetidyl-acetphenetidin (holocaine) and cinchophen, or phenylcinchoninic acid (atophan), manufactured under Federal Trade Commission licenses. They report that the shortage of German synthetics was not felt seriously in most cases because the demand for them had been artificially created, and that the few which were in great need are being rapidly replaced by American-

made drugs. The report explains how the Federal Trade Commission granted licenses to American firms for the manufacture of German synthetics which were protected by United States patents, and how these licenses were issued only after an examination of the firm's product in the Association's Chemical Laboratory had demonstrated that its quality was satisfactory and equal to that of the drug formerly imported from Germany. It is interesting to observe, the report declares, that of all the synthetic drugs imported into this country from Germany and on which American patents had been issued, the demand was sufficient only to make it commercially profitable to manufacture four of them on a commercial scale, namely, arsphenamine (and neoarsphenamine), barbital (and barbital sodium), cinchophen and procaine. The chemists caution that, in view of the agitation to found an institute for cooperative research as an aid to the American drug industry, it will be well for the American medical profession to be on its guard against new and enthusiastic propaganda on the part of those engaged in the laudable enterprise of promoting the American Chemical industry. (*Jour. A. M. A.*, Sept. 6, 1919, p. 754.)

THE LUCAS LABORATORY PRODUCTS.—The products put out by the Lucas Laboratories, New York City, are for intravenous use, and the method of exploitation indicates that the concern is less interested in the science of therapeutics than in taking commercial advantage of the present fad for intravenous medication. The composition of the products is essentially secret, which in itself should be sufficient to deter physicians from using them. Even the hieroglyphics that used to be palmed off on the medical profession by nostrum exploiters under the guise of "graphic formulas" are outdone by the "formulas" of the Lucas Laboratories: "‘Luvein’ Arsans (Plain)" is said to be: "Di hypo sodio calcio phosphite hydroxy arseno mercuric iodide." The first part of this "formula" might stand for sodium and calcium hypophosphite. The remainder is meaningless except that it suggests (but does



not insure) the presence of arsenic and mercury iodide. "‘Luvein’ Arsans, Nos. 1, 2 and 3."—"Meta hydroxy iodid sodio arsano mercuric dimethyl benzo sodio arsenate, ai oxy sodio tartaria sulpho disheuyil hydrazin." Who can venture even a conjecture as to the possible significance of this? The proposition offered to physicians by the Lucas Laboratories, Inc., is an insult to the intelligence of the medical profession. Physicians should heed the warning of the Council on Pharmacy and Chemistry that intravenous therapy should be employed only when most positively indicated. Further, because of the inherent danger of intravenous medications, physicians should use the products of firms of unquestioned scientific standing only. (*Jour. A. M. A.*, Sept. 20, 1919, p. 927.)

THE DIRECT SALES CO.—The Direct Sales Co., Inc., Buffalo, sells its drugs to physicians by mail, and features a "profit-sharing rebate." The concern has guaranteed its products to be in accordance with the Food and Drugs Act and to be equal, if not superior, to any on the market. One of the Quarterly Bulletins of the State Board of Health of New Hampshire, issued last year, announces that the following preparations of the Direct Sales Company were found substandard: Tablets salicylic acid, 5 grains (1.72 grains found); Tablets acetylsalicylic acid, 5 grains (2.31 grains found); Tablets acetanilid, 3 grains (1.88 grains found); Tablets codein sulphate, 1-4 grain (1-15 grain found); Tablets nux and pepsin No. 2, claiming pepsin 1 grain, extract nux vomica 1-10 grain (found to have a gross average weight per tablet of only 1.17 grains, 0.54 grain of which was represented by sugar and other medicinally inert material. Tablets Infant's Anodyne (Waugh) showed serious discrepancy from formula." Subsequently the Federal authorities examined the products of the Direct Sales Company, and Notice of Judgment No. 6193 describes cases of adulteration and misbranding of some of

the drugs put out by the Direct Sales Company. (*Jour. A. M. A.*, Sept. 27, 1919, p. 1001.)

ANASARON ADVERTISING. — Dr. Louis Heitzman reports that charts and part of the text of a book by him is being used as advertising by the Anasaroin Company, and that his publishers think that, in spite of the violation of copyright, nothing can be done. Knowing the standards of ethics the Anasaroin Company adopts in the exploitation of its ridiculous squill mixture "Anasarcin," the appropriation of copyrighted material is not surprising. However, something can be done by those who hold the copyright. (*Jour. A. M. A.*, October 18, 1919, p. 1232.)

VACCINES IN INFLUENZA.—The efficacy of vaccines in preventing influenza or of preventing or decreasing the severity of secondary infections is unproved. In view of the varying preponderance of the different organisms isolated from influenza cases, it is evident that even if a certain mixture is found efficacious in one locality, it may not be effective in another. Thus far, hope and imagination have exceeded scientifically controlled facts. Many vaccines come highly recommended by their manufacturers; but very little dependable evidence is submitted to show how much, if at all, the patient will profit therefrom. (*Jour. A. M. A.*, Nov. 15, 1919, p. 1544.)

URI-NA TEST.—The Uri-na Test, sold by the Standard Appliance Co., Philadelphia, bears a strong family resemblance to Capell's Uroluetic Test. Both are said to permit the detection of syphilis by an examination of urine. There is no method known at the present time by which the absence or presence of syphilis can be determined by a simple color test of the urine. (*Jour. A. M. A.*, Nov. 22, 1919, p. 1630.)

CASE'S RHEUMATIC SPECIFIC.—The post office authorities announce that the fraud order against Jesse A. Case has been revoked because Case has agreed to discontinue the sale of his Rheumatic Specific. (*Jour. A. M. A.*, Sept. 20, 1919, p. 928.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . Deland

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties: J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Suwannee and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties: Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties: Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R. L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties: W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGHLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

Next Place of Meeting—DAYTONA—May 12 13, 1920

## YEARS AND POWERS.

The recent death of Field Marshal Sir Evelyn Wood at the age of nearly eighty-two recalls that the great war has furnished many contradictions of the prevalent impression that men who are subject to severe strains and stresses in life, under a heavy burden of responsibility, are likely to break down and either suffer from nervous exhaustion or else die when comparatively young. Sir Evelyn Wood was a veteran of the Crimea; he was wounded in the assault on the Redan some sixty-five years ago, yet he took an active part in the organization of the British army during the recent war. He had served through the Indian mutiny with great distinction, receiving the Victoria Cross for bravery, served through the Ashanti war in South Africa as well as the Kaffir war and then the Zulu war, spent six years in Egypt in the strenuous post of commander of the forces in the lines of communication under Lord Wolseley, and after his retirement from the army as field marshal was active as the chairman of the Association of the City of London for organizing a territorial force. A great many distinguished military leaders have been noted for longevity. Von Moltke, who went through the strain and stress of the Franco-Prussian War fifty years ago, lived, like Sir Evelyn Wood, to be well beyond eighty. Though Lord Roberts, the great English general, had been so disabled that his life was despaired of as a young man, he obtained the Victoria Cross for bravery, had been wounded a number of times, went through the Boer war, and yet was so far from exhaustion at eighty that the English government entrusted to him a large measure of responsibility for the mobilization and organization of the fighting forces on the western front. He died of pneumonia not far behind the lines in France, quite as any younger man might have done. Among the French, Clemenceau and Foch are conspicuous examples of what older men accomplished in the great emergency. The idea of exhaustion as a source of pathologic

development and especially of such lack of nervous control as has been called nervous breakdown has not, therefore, been wholly confirmed by the war's experience. It might confidently have been expected that the demands made on the human organism would surely cause collapse. However, unless there was definite predisposition, personal or hereditary, to the occurrence of serious nervous systems, these do not seem to have developed either in military or civil conditions in spite of the intense strain to which the war subjected many people. This was particularly true with regard to men who were well on in years when the war broke out. The war has shown that both men and women can stand more than was believed possible. It has also demonstrated that the powers of men are maintained to a greater age than has usually been conceded.—*Jour. A. M. A.*

#### DISABLED SOLDIERS.

"Relief to Disabled Men through the United States Public Health Service" is one of a series of pamphlets published by the Office of the Assistant to the Secretary of War, which will be of great interest to medical men generally throughout the country. It gives the Government's position with reference to treatment for former soldiers and sailors who are in need of medical attention because of war injuries or disease contracted in the service.

Under Public Act 326, the United States Public Health Service will furnish relief to any honorably discharged soldier, sailor or marine, or Army or Navy nurse (male or female) who was discharged on or after October 6, 1917, and becomes disabled or ill on account of illness or injury incurred previous to discharge from service, and not due to misconduct.

By applying to the Commanding Officer of an Army hospital, those who come under the act may enter the institution; or by applying to a Public Health Service official, they may enter a Public Health Service hospital.

In both cases accepted applicants will have all proper expenses paid, but unless authority is obtained from one of these officials, the Government will not pay for medical treatment. Public Health Service hospitals are located in a number of cities throughout the country.

In a bulletin, Lieutenant Colonel Mathew C. Smith, General Staff, in charge of the employment and the general welfare of ex-service men, says:

"Although the welfare bodies and others have been cooperating with the War Department in an effort properly to inform all these persons who are entitled to medical or surgical treatment, many are still unaware of their rights. These men incurred their disabilities while in the service of our country, and it is the intention of the Government that they shall not become wards of the public. The cooperation of all medical men is requested in this matter. Physicians and surgeons are notified that former soldiers or sailors suffering from disabilities resulting from war conditions may be directed to the local Red Cross or United States Public Health Service representative, or to the nearest Army hospital."

If discharge or other papers showing that the disability was existing at the time of separation from service are available, they should be taken along, as they will be of help in making a decision on the case. However, if these papers are not available the man should not hesitate to apply. Such an applicant, if his condition demands it, will be immediately placed under treatment pending the receipt of the necessary papers.

If there is no representative of the Health Service in the ex-service man's home town and no Army hospital at hand, and it is possible for him to travel, such traveling expenses, hospital expenses and wages lost while undergoing examination will be paid by the Government, should it be decided that treatment is necessary.

On the other hand, if the physical condition of the man makes it impossible for him



to travel, the Public Health Service will arrange for his examination and treatment at his home. In special cases where it is found that a change of climate will be beneficial, patients will be sent by the Public Health Service to specially designated hospitals.

Copies of the pamphlet explaining the law may be secured without charge by any physician on application to the Office of the Assistant to the Secretary of War, Service and Information Branch, Council of National Defense Building, Washington, D. C. It has already been distributed to all Army and Navy hospitals, state and city health officers, and United States Public Health Service stations.

#### NEW AND NONOFFICIAL REMEDIES.

HOYT'S GLUTON SPECIAL FLOUR.—A gluten flour containing protein, 80 per cent; fat, 1 per cent, and starch, less than 10 per cent. This flour may be used when a diet relatively free from carbohydrates is desired, especially in diabetes. It does not make a satisfactory bread, but may be used to prepare muffins, flat cakes, or gruel. The Pure Gluten Food Co., Columbus, Ohio. (*Jour. A. M. A.*, Dec. 13, 1919, p. 1843.)

LUMINAL.—PHENOBARBITAL—PHENYL-ETHYL-BARBITURIC ACID—PHENYL-ETHYL-MALONYL-UREA.—Phenobarbital (luminal) differs from barbital (veronal) in that one ethyl group has been replaced by one phenyl group. It is claimed that the introduction of the phenyl group increases the hypnotic power of luminal over that of barbital. Luminal is claimed to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system. Dose, from 0.2 to 0.3 gm., increased if necessary to 0.8 gm. Luminal is supplied in powder and as Luminal Tablets 1½ grains. Winthrop Chemical Co., Inc., New York.

BENZYL BENZOATE FOR THERAPEUTIC USE—VAN DYKE AND CO.—A brand of benzyl benzoate which complies with the N. N. R. standards. For a discussion of the actions, uses and dosage, see New and Nonofficial

Remedies, 1919, p. 53. Van Dyke and Co., New York.

LUMINAL-SODIUM.—PHENOBARBITAL SODIUM—SODIUM PHENYL-ETHYL-BARBITURATE.—The monosodium salt of phenyl-ethyl-barbituric acid. The actions and uses of luminal-sodium are the same as those of luminal. For hypodermic injection luminal-sodium is used in the form of a 20 per cent solution. The dose of luminal-sodium is 10 per cent greater than that of luminal. Winthrop Chemical Co., Inc., New York.

SAJODIN—CALCIUM MONOIODEBEHENATE.—The calcium salt of monoiodobehenic acid. Sajodin is used as a substitute for iodides. The iodine of sajodin, being longer retained, is perhaps better utilized. It is also less liable to produce gastric disturbance than alkali iodides. Sajodin is also supplied as Sajodin Tablets 8 grains. Winthrop Chemical Co., Inc., New York. (*Jour. A. M. A.*, Dec. 27, 1919, p. 1939.)

STAPHYLOCOCCUS VACCINE (ALBUS AND AUREUS; GILLILAND).—A staphylococcus vaccine (see New and Nonofficial Remedies, 1920, p. 288) containing *Staphylococcus albus* and *Staphylococcus aureus* in equal proportions. It is marketed in packages of four syringes containing, respectively, 250, 500, 1,000 and 2,000 million killed bacteria in 1 c.c.; also marketed in packages of four ampules containing, respectively, 250, 500, 1,000 and 2,000 million killed bacteria in 1 c.c. The Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, Feb. 7, 1920, p. 393.)

CHLOROXYL.—CINCHOPHEN HYDROCHLORIDE.—PHENYLCINCHONINIC ACID HYDROCHLORIDE.—The actions, uses and dosage are the same as those of cinchophen (see New and Nonofficial Remedies, 1920, p. 224, under Phenylcinchoninic Acid (Cinchophen) and Phenylcinchoninic Acid Derivatives). Chloroxyl is a yellow crystalline powder with an astringent, slightly bitter taste, insoluble in water. Chloroxyl is also supplied in the form of Chloroxyl Tablets 5 grains. Eli Lilly and Co., Indianapolis, Ind. (*Jour. A. M. A.*, Feb. 14, 1920, p. 461.)

THYROXIN. — 4, 5, 6-trihydro-4, 5, 6-troiodo $\alpha$ -oxy- $\beta$ -indolepropionic acid. An active principle obtained from the thyroid gland. Thyroxin is used essentially for the same purposes as Dried Thyroids, U. S. P. It is indicated in some cases of diminishing or absent thyroid functioning, such as simple goiter, cretinism or myxedema. Thyroxin is supplied *only* in the form of tablets for oral administration, containing, respectively, 0.2, 0.4, 0.8 and 2 mg. of thyroxin. E. R. Squibb and Sons, New York.

THROMBOPLASTIN HYPODERMIC - SQUIBB. — A sterilized extract of cattle brain in physiological solution of sodium chloride. It complies with the description of thromboplastin-Squibb, but a longer time is required for the clotting of blood plasma. It is intended for hypodermic and intramuscular injection to increase the coagulability of the blood. E. R. Squibb and Sons, New York. (*Jour. A. M. A.*, January 10, 1920, p. 105.)

### PRECAUTIONARY MEASURES AGAINST RETURN OF "FLU."

The medicinal department of Armour and Company has taken precautions among plant employes against a return of the "flu" epidemic in Chicago and other cities where the Armour plants are located.

All employes have been notified that without charge they may have the influenza vaccine administered according to the formula of Dr. E. C. Rosenow.

In addition to offering this vaccine free to employes, a general educational campaign along health lines and particularly with reference to the "flu" is being carried on among the workers in the plant.

Dr. Volney S. Cheney, medical director of Armour and Company, reports that the employes are taking an interest in the campaign and that as a result no serious recurrence of influenza is looked for among Armour workers.

## DOCTOR MARVIN SMITH

OF

JACKSONVILLE, FLORIDA

ANNOUNCES THE OPENING OF HIS

PRIVATE SANITARIUM AND DIAGNOSTIC INSTITUTE

HE HAS ASSOCIATED WITH HIM AS A DIAGNOSTIC STAFF:

W. Herbert Adams, M. D.  
Frederick Bowen, M. D.  
W. P. Dey, M. D.  
Lynwood Evans, D. D. S.

Ralph N. Greene, M. D.  
Herman H. Harris, M. D.  
R. L. Harris, M. D.  
Graham E. Henson, M. D.

J. L. Kirby-Smith, M. D.  
R. E. O'Hara, D. D. S.  
C. D. Rollins, M. D.  
A. K. Wilson, M. D.

*Fills a Vacant Niche in Medical Literature*

# Physiology and Biochemistry In Modern Medicine

By J. J. Macleod, M. B., Professor of Physiology in University of Toronto; formerly Professor of Physiology in Western Reserve University; assisted by Roy C. Pearce, M. D., and others. 1000 pages, with 231 text illustrations and 12 full-page color plates. Second edition. Price, cloth, \$8.50.

## The Most Important Medical Book of the Year

Jour. Amer. Med. Assn.—

"This is not a textbook of physiology as usually understood, but a thorough review of those parts of physiology and biochemistry that bear most directly on general clinical medicine, with particular reference to the needs of the advanced students and of physicians. It is a well-written, well-balanced, authoritative work, competent in every way to satisfy its purpose, namely, to facilitate the study, interpretation and treatment of disease in the light of physiology and biochemistry. The book has great potential value because it presents adequately the knowledge of these sciences that the physician can use to deepen his grasp of the nature and meaning of the phenomena of disease."

✂ Sign the attached coupon and mail today, and secure immediate benefit from this important new book.

**C. V. MOSBY COMPANY**  
PUBLISHERS ST. LOUIS

(Ask for our new catalogue)

This book takes up the newer methods of physiology and biochemistry for the first time in an intelligible manner for the general practitioner. Every medical practitioner should have this book in his reference library.

C. V. MOSBY COMPANY,  
St. Louis

(Fla. Med. Jour.)

Send me a copy of Macleod -- "Physiology and Biochemistry in Modern Medicine" -- for which I enclose \$8.50, or you may charge to my account.

Name .....

.....  
.....

## RADIUM-THERAPY DEPARTMENT of

## THE BIRMINGHAM INFIRMARY

Established 1916

Radium in any form for the treatment of MALIGNANT and BENIGN conditions in which the use of Radium and ALLIED MEASURES has been definitely established. Patients requiring Radium treatment, that are strictly charity, we will gladly give them radium treatment and our services.

Address communications to

### BIRMINGHAM INFIRMARY

DR. W. C. GEWIN,  
President

BIRMINGHAM, ALA.

DR. H. F. WILKINS, B.S., M.D.,  
Radiologist

## ATLANTA RADIUM LABORATORY

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, May, 1920

Number 11

## ORIGINAL ARTICLES

### REPRODUCTION.\*

L. DE M. BLOCKER, M. D.,  
Pensacola, Fla.

Can there be anything more sublime or greater than for man to be endowed with the power to reproduce himself? To bring into this world a being with a soul and with all the complex thoughts and actions that has taken thousands of years to bring up to the present state of civilization, and which cannot be produced in any artificial way. Made up with a combination of only a few elements creating a field of anatomy, chemistry and physiology that is beyond the conception of the most learned scientists, and so full of obscurities in their complex functions as will puzzle the medical man to the end. Too little consideration is given the subject of reproduction, and the use of such powers are abused merely for selfish, pleasurable reasons with no thought of the outcome of the issue. With such thoughtless, perverse conditions prevailing, the resultant effect will cause imperfect results and a most fruitful source for the care of the medical man who is struggling and devising all manner of methods to correct blemishes that may have been avoided. The originators of these issues look upon the act of reproduction as a most fearful calamity, and little is done or said to accord a welcome with outstretched arms and give such honors that are justly due. This being is thrust upon the world to give service for such a time as allotted by environment, training and proper nourishment, to fill in the gap that has been assigned, finding life full of snares and entanglements that are so hard for even the most perfect to negotiate.

Is it not a fact then that more careful thought should be given this, the greatest subject of all? To propagate a superior being as man, every precaution should be taken to have the original source in as perfectly physical and mental conditions as is practicable. Do we not take every care in the selection of varieties and species so as to have the finest fruit, dogs, cattle, horses and mules and spend vast sums to improve the stock and nurse them along, correcting diseased conditions, with a view always to get a better result? Then let us look upon the "enceinte" period with the greatest reverence, and not look upon it unfavorably as a calamity and allow such harrowing stories to reach the mother and create within her mind the fear of the terminal results and that dissolution is enevitable. She should be encouraged and made to look upon reproduction as one of the greatest happy events of her life. Make everything as beautiful in her environments as it is possible with associations cheerful and bright, and keep away all those things that are calculated to cause sorrow and grief. I think that mind has much to do over matter and the mind must be kept in a healthy condition.

Perhaps the simile may not be chaste, but in the commercial world a proposition when accepted is most carefully looked after and nursed from the start to finish to get the very best out of it. As medical men, we should do the same, and when we accept a case ever keep in mind that the responsibilities are placed upon our shoulders because we are considered proficient in the handling of such serious problems. If we should find any physical or bodily ailments as would influence the mental or physical conditions of the expected issue, it is up to us to correct the same

\*Read before the Escambia County Medical Society, at Pensacola, March 13, 1920.

as best we can before such conditions assume a chronic, incurable phase. We should make a careful examination of the heart, lungs and kidneys because additional waste products are eliminated and very likely toxins which irritate and bring about a pathological change. The examination of the urine at stated intervals may give you plenty time to see or recognize the danger signal and avoid trouble at the crucial stage. The measurements of the pelvis and an examination may reveal to you a deformity. Look for focal infections from blind abscesses of the teeth, the tonsils and the nares. Try to get a history of any previous illness. Many obscure conditions may be cleared up by a little timely personal interest in your patient.

How well do I remember a patient who ten days after confinement developed a temperature which ran from 102 to 104, with no definite signs or symptoms to indicate any pathological condition. Look and reason as I may, and with consultation, a cause for such a great disturbance could not be ascertained. On reviewing the history of the case, I discovered that a month previous she had a severe attack of furunculosis. I then came to the conclusion that I had a streptococcic infection. I gave her the mixed streptococcic bacterins with an immediate subsidence of the temperature, which had resisted other treatment, and a rapid recovery. The baby suffered from digestive disturbances for some time after, and it is my opinion that the disturbances were due to the toxins absorbed from the mother.

Imagine a patient under observation during the period of gestation, with every physical sign indicative of perfect physical health, telling you that she can't see—everything black before her eyes—and that the pains in her head are beyond endurance. Such a picture of a serious nature at once puts the medical man where he has to think quick and bring into play his skill and knowledge. Taking the blood pressure at intervals may be the means of forewarning. In fact we should never become callous or neglectful in our care of the parturient woman and be ever

ready to help her through this trying period of her life. The physiological process is so natural and so many times free of any serious results, that due reverence and the true meaning of what a wonderful act of nature it is are not fully taken into account. Such a fact creates a lack of serious consideration and the patient, nurse, family and doctor think that all will come right—and what is the use of precaution! But let a death occur, as it sometimes does, then it is the doctor who gets his full share of wormwood mixed with bitterest of gall.

### PRURITIS ANI.\*

JACK HOLTON, M. D.,

Sarasota, Fla.

Pruritis ani is a subject of great interest (1) because of its frequency and (2) because it has proven so difficult to affect a permanent cure. For these reasons I have chosen this subject for my paper.

It is not my intention to go deeply into the etiology of this troublesome affection as given in the numerous works on treatment and diseases of the anus and rectum, nor to dwell on any of the numerous formula for the local treatment of this condition.

Tuttle and many other writers claim that pruritis ani is a symptom and not a disease, that it is always associated with or caused by some abnormal condition of the rectum or anus or reflexly by constitutional disease or genito-urinary affections. If this be true, then it would seem that the remedy is self-suggestive. Remove the cause, constitutional or local, and the pruritis should disappear, but in my experience I have found that this is not the case.

I have seen many cases of pruritis ani that have not been permanently relieved by operative procedure in local rectal conditions, nor by treatment of constitutional diseases, and regardless of the surgical efforts and medicinal treatment the patients have returned with the same old complaint, "the itching has re-

\*Read before the Hillsboro County Medical Society, at Tampa, January 20, 1920.

turned and I am suffering as much as ever."

For the treatment (local) of pruritis ani I have tried most of the formula given in the works on this subject and have come to the conclusion that the best that can be said for them is, that the majority of them are useless, a few of them only palliative and all of them a disappointment so far as permanent relief for the patient is concerned.

During my work last fall with Dr. Collier F. Martin, of Philadelphia, I saw many stubborn cases of pruritis ani that were given considerable relief and comfort by the local application of Pix Liquidii, but like all other local applications, it was only palliative. Quoting from a letter received from Dr. Martin in January, 1920, he says: "My experience with Pix Liquidii is somewhat disappointing. In cases where there is any tendency to moisture, this preparation, like many other greases, seems to increase the excoriation."

It is my firm belief that the cause of pruritis ani lies within one inch of the anal entrance and can be found in the vicinity of the anorectal line and is due to infection in the anal valves, crypts of Morgagni, or small sinuses that a careful examination will reveal.

My attention was first directed to these possible points of infection by Dr. E. H. Terrell, of Richmond, Va., with whom during the past six years I have spent much time and study and to whose capable tuition and the privilege of assisting him in his operative work is due my decision to make proctology my life's work, and I shall take the liberty of quoting him extensively in this article, by items from some of his papers on this subject read before the American Proctological Association. Many papers on pruritis ani have been read and discussed before the American Proctological Association. Various opinions as to causes and treatment have been brought out, but no decisive conclusion seems to have been reached, although the infection theory is gaining ground and there is much study and investigation going on along this line.

Dr. Beach called the attention of the Proc-

tological Association to the infection theory with a paper on this subject in 1909. Dr. Murry also has contributed much to cause and cure of this troublesome condition and has done splendid work with his vaccines, but only from Dr. Terrell and his work on the subject have I been able to get any ideas or statements of how the infection affects the tissues surrounding the anus.

We of course know that the anal and perianal skin is much exposed to infectious discharges, not only of fecal matter but from many diseased conditions of the rectum and intestinal tract, and in the female to discharges from the uterus and vagina; but in many cases of pruritis we find an unbroken skin in the affected area and though absorption of infected matter might take place, it is hardly probable that it does, and if perchance the infection entered through some break in the skin surface, the acute inflammatory condition that would necessarily follow would not at all simulate the symptoms and conditions of pruritis ani.

Infected sinuses and crypts, under the ordinary methods of examination, are apt to be overlooked in patients suffering from pruritis ani, for the anal mucous membrane may appear quite normal, no change in color and the valves may appear quite normal, and only a very careful examination will reveal any departure from the normal.

In examining a patient for pruritis ani every fold and wrinkle in the rectal membrane should be put on the stretch and straightened out, otherwise many possible points of entry for infection will be overlooked, and I have found the ordinary rectal specula rather faulty in this procedure, and have become very partial to the anal specula made by Dr. Nourse, of Lewiston, Idaho, known as The Nourse Physiologic Anal Specula. With this little instrument the anal canal and sphincters can be sufficiently dilated, without pain or discomfort to the patient, for contrary to the ordinary rectal specula it directs the dilating force from within downward and outward, thereby simulating the natural method of dilation of



the sphincters during defecation. This instrument is thoroughly lubricated and the blades passed through the anal canal into the rectal pouch and the blades spread well apart; the patient is then instructed to strain moderately as if at stool, the specula is then carefully and slowly withdrawn until the curve of the blades is delivered at the mouth of the anus. This gives one a clear view of the anal canal up to and a little beyond the anorectal line. The crypts, columns, sinuses, Hilton's white line, sphincters and all normal and abnormal formations are brought into view. Dilatation sufficient for the examination and treatment is accomplished quite easily and the sensation to the patient is that of passing a large fecal mass, the act of moderate straining forces the expanded blades outward and at the same time causes relaxation of the sphincters, moderate traction on the instrument by the operator completing the process.

In the act of defecation the fecal mass drops from the sigmoid into the rectum and lodges against the first or upper valve of Houston; it is then carried by rotary motion downward and forward to the middle valve, then by the same motion deposited posteriorly upon the lower valve and finally from this valve to the internal and external sphincters and their relative tissues, causing them to contract, thereby inverting them outwards into position for the rapid and painless dilatation which then occurs.

This same process is simulated and like results obtained by the use of the Nourse specula, and with the aid of a good light and a blunt hook or bent probe, the crypts and sinuses can be explored and the necessary treatment given.

Small openings will be found in and around the anorectal line that will easily admit the tip of the hook, which will often pass down into a sinus which may or may not terminate in the affected area in the skin. At times sinuses will be found at the bottom of what may otherwise appear as a normal valve, but on exploring the valve with the probe it will be found that two or more

valves are joined together forming a pocket, as it were, which may extend a considerable distance downward into the anal skin.

Dr. Terrell describes these valve pockets as anal diverticula, probably due to lack of complete fusion in early embryonic life. The mouth of such a diverticulum is hard to see for its walls lie in perfect apposition. Instead of the normal mucocutaneous lining of the canal, however, the covering of the diverticulum has the shining and glistening appearance of dense fibrous tissue. When this is removed, the underlying surface is found to be denuded, but will heal slowly by granulation.

These diverticula do at times cause pruritis, but the small simple sinus found burrowing beneath the mucous membrane of the canal is the culprit in most cases and it takes close and careful examination to find them.

After discovering these sinuses and believing as I do that therein lies the source of infection, the treatment suggests itself: free drainage and care that the sinus does not reform or that a pocket is not the result of improper aftercare.

Here it is true we have a low grade of infection, but even at that, recovery will not take place until proper drainage has been established.

I do this work in my office, employing some one of the local anesthetics or sometimes the point of a probe that has been dipped in carbolic acid, passing it over the line of intended incision; this renders the part anesthetic enough for practically a painless operation. Where a pocket or diverticulum exists, I follow Dr. Terrell's method of removing the outside or covering membrane, and the underlying surfaces heal by granulation.

It is not advisable to split these pockets through the center, as the sides will drop down and become attached to the denuded surface, causing two pockets where only one existed before, thereby defeating the object of the operation and making it necessary to do the work over again.

For the sinuse I pass a Martin pliable

grooved director through the opening to the end of the tract and split it open from above downward to its base; if the sinus ends in an hypertrophied anal fold or skin tag, I usually trim them off; the application of some of the mild antiseptics to the surface every day or so and care that the edges do not grow together usually completes the treatment.

These sinuses will usually be found in the mucous membrane of the rectum near the anorectal line and directly above the affected

area; careful search rarely fails to bring them into view. Dr. Terrell, of Richmond, states that "the area affected from a single sinus will cover about one-fourth of the circumference of the anal region; if more than that is affected, you will find more than one sinus or point of infection." My work in these cases convinces me that he is right in this, for where I have had large areas to deal with I have invariably found more than one point of infection.

---

## Cancer Department

*"In the early treatment of cancer lies the hope of cure"*

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

### FLORIDA CHAIRMAN APPOINTED.

After the receipt of recent information from the Florida State Board of Health to the effect that they were planning an active cancer control campaign, the Chairmanship of a Florida Cancer Control Committee was extended to Dr. Ralph N. Greene, State Health Officer, Jacksonville. In our December number of "Campaign Notes" some of the more recent activities of Dr. Greene's Department in connection with this movement was given which led us to feel that he was the

proper man to head such a committee in that state. Under date of February 9th Dr. Greene accepted this office, and we feel sure that Florida will now come abreast the excellent standard set by her neighbors, Georgia and North Carolina, both of which are well organized for an aggressive campaign. Dr. Greene concludes his letter as follows:

"The State Board of Health is planning some very active steps along the line of the control and prevention of cancer, and by co-operating with you I feel that good results can be accomplished."

---

### PROPAGANDA FOR REFORM.

GREEN'S DROPSY REMEDY.—This "treatment" is sold on the mail-order plan and comes in the form of large balls or boluses, some smaller balls or boluses and, in some cases, includes "Tonic Tablets." The balls are taken, followed by substantial doses of masnesium sulphate. The A. M. A. Chemical Laboratory reports that the boluses, large and small, appear to contain powdered squill as their chief medicinal ingredient. The laboratory further reports that the "Tonic Tablets" contain an iron salt, probably dried ferrous sulphate, as the chief medicinal ingredient. Obviously, there must be no small amount of danger for a person in a

dropsical condition to dose and drastically purge himself. The product is one that has no legitimate place among home remedies. (*Jour. A. M. A.*, March 6, 1920, p. 689.)

STANNOXYL.—On the assumption that tin workers were less troubled with boils than the average person, two French investigators proposed the use of tin compounds in the treatment of staphylococcus infections. Based on their work, a proprietary preparation — Stannoxyl — has been placed on the market with the claim that it is "composed of stannous oxid and specially purified metallic tin." Absurdly extravagant and unwarranted claims are made for the product. (*Jour. A. M. A.*, March 6, 1920, p. 692.)

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

WM. E. ROSS, M. D., President . . . . . Jacksonville

H. C. BARCOCK, M. D., First Vice-President . . . . . Miami

J. A. SIMMONS, M. D., Second Vice-President . . . . . Arcadia

GEORGE A. DAVIS, M. D., Third Vice-President . . . . . DeLand

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

J. V. FREEMAN, M. D. . . . . Jacksonville

F. C. MOOR, M. D. . . . . Tallahassee

CAREY P. ROGERS, M. D. . . . . Jacksonville

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:  
J. Harris Pierpont, M. D., Pensacola . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and  
Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Suwannee  
and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:  
Julian E. Gammon, M. D., Jacksonville . . . . . 1921

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter  
Counties: E. Van Hood, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:  
Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and  
Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1921

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam  
Counties: A. H. Freeman, M. D., Starke . . . . . 1920

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington  
Counties: C. H. Ryalls, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.  
L. Cline, M. D., Arcadia . . . . . 1920

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:  
W. R. Warren, M. D., Kcy West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

W. P. ADAMSON, M. D. . . . . Tampa

A. D. STOLLENWERCK, M. D. . . . . Jacksonville

G. W. D'ALEMBERT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOGARTY, M. D., Chairman . . . . . Key West

W. L. HUGHLETT, M. D. . . . . Cocoa

WM. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

## THE FORTY-SEVENTH ANNUAL MEETING.

The forty-seventh annual meeting of The Florida Medical Association was held at Daytona, May 12th and 13th. The meeting both in point of attendance and of the scientific program was thought by all to be most decidedly the best meeting the association has ever held. This number of THE JOURNAL was on the press early in the month so that the proceedings of the General Association and those of the House of Delegates will appear in the June number. Suffice it to say now that a new era has dawned for organized medicine in this state. G. E. H.

## FLORIDA'S MEDICAL LAWS.

Dr. Ralph N. Greene, State Health Officer, in a recent address delivered before the Florida Conference of Social Work, has invited attention to the laxity of laws and regulations pertaining to medical practice in the state of Florida.

Dr. Greene adopts the position that it is possible for doctors who fail before one board to secure licenses before other boards.

It is stated that certain physicians in Florida are practicing on licenses secured from boards other than the regular board after having failed repeatedly to qualify before the regular Board of Medical Examiners.

These doctors are known to be practicing without license.

Chiropractic doctors appear to be operating under the authority of an occupational tax, without any requirements for professional training.

A composite medical board is advocated, said board to be composed of representative physicians of the different schools, who shall give an examination on the fundamental practice of medicine and surgery without examination on materia medica or therapeutics.

In this way the peculiar practices of the different cults can be adopted.

Certain persons have taken issue with the statement that incompetents are practicing medicine in this state.



It is believed that the position adopted by the State Health Officer is one that is correct and should receive the hearty support of the forces of organized medicine in the state of Florida.

It is said that upon one occasion six hundred physicians secured temporary licenses to practice in Florida and that only about one hundred and fifty appeared the following June for permanent license, indicating that there is a tendency for itinerant physicians to come into the state, without proper qualifications having been demonstrated, for the purpose of practicing during the tourist season.

Our Committee on Legislation and Public Policy is getting ready to do their part to create a Medical Practice Act. The following correspondence will, we believe, be of interest to the profession:

PALATKA, January 26, 1920.

DEAR SIR—As a member of the Legislative Committee of the Florida Medical Association and as a former president of that organization (1916) and as one who has given a lot of thought to the subject, I am addressing a letter to the various candidates for Governor on the subject of medical legislation.

We wish to discuss the matter with you in its various phases, to which your attention is respectfully drawn. We would first invite your attention to the inadequacy of our medical licensing laws as compared with those of other states near to us. A little comparison with those of Georgia, Alabama, South Carolina, North Carolina and Tennessee will suffice to show the impossibility of properly protecting the people of this state from poorly equipped men who would practice the profession of medicine in Florida. A little further search will make the contrast even greater on comparison with such states as Pennsylvania, New York, Illinois and other more advanced states. It has long been recognized by the Governors of those states that the health of their people individually cannot be adequately protected by State Board of Health alone, but that adequate laws regulating the privilege of practicing medicine by the individual doctors go hand in hand with state organizations.

Florida has created one of the best State Boards of Health in the nation, but has signally failed to establish coordinate laws to protect the individual against incompetent, poorly-equipped practitioners or charlatans. Our State Board of Health protects us en masse, but cannot reach the individual because it is not a therapeutic body nor does it have control

of the licensing of medical practitioners in the state. For a number of years the writer was executive officer of the licensing board in this state and the inadequacy of our laws was more forcibly impressed on me than to the average practitioner because of intimate association with the laws of other states and because of the fact that year after year many applicants came to us for license who could not possibly have obtained such privilege in their own states.

Then again our laws provide no protection against doctors who become addicted to any of the vicious habits, such as opiates, whiskey, immorality, criminality, etc. The laws of all the other states mentioned make it impossible for such men to prey on their people, when properly enforced. Here a doctor may become the most vicious criminal and no way is provided to take away his license to continue his activities professionally. He may be the most unfortunate victim of any habit-forming drug or of strong drink and still he cannot be stopped from practicing the profession, dangerous as he may become to his patients. He may be convicted of crime or be adjudged a lunatic, but his privilege of practicing medicine cannot be abridged with our present laws. He may be the veriest charlatan and it would almost seem as if he was welcomed to our state. This being a tourist state makes it an inviting field for the last-named gentry who is pushing himself by the most blatant advertising, and the life and health of your family and mine be placed in jeopardy by his activities.

The physicians of this state constitute about 2,000 of its educated, cultivated, patriotic citizens. They have risen to any occasion calling for their activities. In the great war they offered their services and the bloody battle-fields of Europe attest their heroism. How about the charlatans who have fattened on the ignorant?

We do not ask any special favors at the hands of Governors or legislatures, but we do insist that these questions be brought to the attention of the incoming officials and that they be given the thought their importance justifies. When a life is lost or unnecessary suffering is caused by the activities of a charlatan it is not the medical profession that suffers but the people. Protection to the doctors means more protection to the public.

We are asking no pledges from any candidates to any fixed plan or scheme, but we do insist in case of your election that sufficient time be given in studying the laws of this as well as adjoining states to show the needs of our state. And that when you have completely informed yourself of the existing conditions that you give the state the benefit of your knowledge and your influence in correcting the evils. Heretofore our demands have been treated in a mildly tolerant manner by the men in office, in fact as if we were a necessary evil ourselves, good fellows at home but almost a nuisance when it comes to

better laws. Few have taken the matter in its broad aspect.

We will likely want the privilege of publishing the replies to this letter in our medical journal after first publishing this letter.

Yours truly,

E. W. WARREN, M. D.,

*Committee on Legislation, Florida Medical Association.*

---

LIVE OAK, January 24, 1920.

*Committee on Legislation, Florida Medical Association, Palatka, Fla.*

I am just in receipt of your favor of the 20th instant. Before the receipt of your letter I had thought often of the conditions of our laws in Florida concerning the matters about which you write, and had frequently discussed the same with reputable members of the medical profession in different sections of the state.

Sometime ago I was in a certain resort town in Florida and in the course of conversation with several gentlemen on the hotel porch, I noticed that two of them were introduced to me as doctors. I assumed, of course, that they were licensed physicians, under our Florida law, but I noticed that when I referred to some particular proposed work of the Board of Health, neither of them even so much as knew anything about the work, or who the State Health Officer in Florida was. Inquiry developed that they only spent a few months in Florida during the tourist season, but while here practiced their profession.

Of course these men were no doubt representatives of a type of men who are coming to the state in large numbers during certain seasons of the year, and as you say, under the liberality of our present laws, local physicians are done a great injustice. I believe that the reputable members of the medical profession should be amply and fully protected against the "fly-by-night gentry," which your letter refers to.

If I am elected Governor, you may be sure that I will, after full investigation of the needs of the situation, use what influence I may have, as Governor, with the legislature toward correcting the existing defects in our present laws.

Thanking you for having written me, I am,

Cordially and sincerely yours,

CARY A. HARDEE.

---

DELAND, FLA., January 23, 1920.

Your letter of January 20th is in hand and I take pleasure in replying.

In the first place, I call your attention to the fact that I was the author of the Venereal Disease Bill that was passed by the last legislature. Also that I took a stand for such enlightened medical legislation as came before us. You will find that Dr. Hughlett, Doyle Carlton and Lincoln Hulley took high grounds on the practice of medicine. I heartily agree with

you that the Medical License Laws are inadequate and I will do everything in my power to assist the State Board of Health in making its work effective and in raising the standards in the practice of medicine and in the establishment of good health conditions all over the state.

I note with deep interest what you have to say about those unfortunate doctors who become addicted to vicious habits, opiates, whiskey, immorality, criminality and lunacy, and I give you my hand in assurance of a common desire to protect the people from the activities of such. We must put a premium on intelligence not ignorance, and I shall be glad to assist the profession in doing that.

You have a clear right as a profession to ask the candidates for Governor that they will inform themselves of existing conditions and give the state the benefit of their knowledge and influence.

Very respectfully yours,

LINCOLN HULLEY.

---

TALLAHASSEE, FLA., January 31, 1920.

I beg leave to acknowledge receipt of your communication of the 20th instant, calling for an expression from me as a candidate for Governor upon our present laws relating to the practice of medicine.

You have so well stated the weak and unsatisfactory features of the existing laws on the subject that for me to enter into a discussion of them would be a work of supererogation.

I have long realized that some legislation along this line is needed in order that the public may be better protected in matters of health and that the work of all our health institutions may accomplish the best results, but I have never been in a position to directly exert any influence in that direction, as I expect to be if I realize my hope to become Governor.

I am aware that owing to the fact that our state is a Mecca for tourists and itinerants of every class and profession, our people are frequently imposed upon by what the laity terms "quack" doctors who ply their calling—I can not dignify the practice by calling it a profession—only as a means to supply them with funds to sustain them, and in certain cases enrich themselves, during a short period, and who do not become citizens nor expect to do so and thus incur the responsibility of citizens as well as enjoy the privileges of such. This is true not only of the medical profession but of others.

We are also, in my opinion, inadequately protected against the vicious elements of certain other practitioners of the art of healing, each called by its own peculiar name and professing to have its own peculiar field of action. For these new arts or sciences I have no word of criticism so long as they are contained within legitimate bounds and I would be the last to oppose any lawful and practicable method by which bodily ills may be cured, but there are instances in which the followers of these com-

paratively modern practices grossly impose upon a trusting public which is always eager to grasp new ideas and forsake time-tried methods in a frantic search for physical comfort.

I also realize that honorable and conscientious members of the medical profession, either through inclination or in order to sustain the physical strength required to "carry on" in times of stress, become addicted to habits which eventually come to unfit them to practice their profession. These are to be sympathized with rather than condemned, yet the public should be accorded its right to protection. Many a physician has worn himself out in ministering to the sick or in the same pursuit has become unfit and dangerous and every man should honor him for his sacrifice, often times rendered without compensation. Still the consciousness of his sacrifice should be its own reward, and he should not expect to be allowed to subject an unsuspecting public to the uncertainties and dangers which accrue by reason of his unfitness from whatever cause.

Perfect frankness, however, compels me to say that as yet I have only the most general ideas of reform in this direction, and whatever policies I may adopt or measures I may endeavor to have enacted into law, would have to be dictated largely by the profession whose superior knowledge I concede and in whose honesty of purpose I have the utmost confidence.

I shall at all times cheerfully consider any suggestions your association may make to the end that the public and the great profession may receive the protection each deserves at the hands of the government and which is not, in my opinion, afforded by existing laws.

I have no objection to your publishing this reply.

Yours very truly,

VAN C. SWEARINGEN.

MIAMI, FLA., February 5, 1920.

After a three-weeks trip over the state I returned home yesterday and find your letter dated January 20th. In reply will state that I am in thorough sympathy with the object sought by your association. I believe that the laws regulating the licensing and the practice of physicians should be such that the people would have ample protection.

Several times in the state legislature have I voted for laws along this line. If the laws are not enforced, it is largely the fault of the physician who is in a position to know.

My impression was that your association usually got what they asked for from the legislature. I am sure that the people of Florida have great respect and consideration for the medical profession and are always ready to assist them in any legitimate way to protect the health and lives of our people. If the existing laws are not sufficient, I would suggest that your board prepare the necessary laws for issuing

licenses, regulating practice and cancelling licenses, and submit them to the state legislature for their consideration for adoption or rejection.

I fully agree with you that any man who becomes addicted to any vicious habits, such as narcotics, whiskey, lunacy, etc., should not be allowed to practice. If elected Governor, I will be glad to take this matter up with your association and recommend such laws as will eliminate unworthy men from practicing.

With great respect,

Yours truly,

J. W. WATSON.

## BONDS NOT NECESSARY FOR PHYSICIANS.

Apparently some of the by-products of prohibition are going to be as interesting as the main issue. Without intending to cast any slurs on our great and noble sister profession, it is indeed an ill wind that some lawyer cannot manipulate to his advantage. Judging from the letters received, physicians are being circularized by a member of the legal fraternity who has devised a method of helping them to comply with the prohibition law with the greatest amount of ease and convenience to themselves and with profit to him. The circulars have this interesting legend printed in large red type on the face of the envelope: "What the U. S. Government Allows You to Do. I Know the Law. I Will Do Everything but Sign Your Name." The circular offers to assist physicians in securing government permits to purchase or prescribe liquor. While it does not expressly say so, the impression conveyed to the uninformed physician is that every practicing physician must file a bond in order to purchase or prescribe any amount of liquor. This is not the case. As stated in the abstract<sup>1</sup> of Internal Revenue Regulation No. 60, physicians desiring to purchase and prescribe liquors in their practice are required to procure a permit to prescribe. This can be obtained by filling out an application on Form 1404 in triplicate and filing it with the federal prohibition director of the state in which the physician is licensed to practice. This permit, when issued, allows him to prescribe liquor

1. The Physician and the Prohibition Law, J. A. M. 74:342 (Jan. 31) 1920.



for medicinal purposes only, and when such liquor is necessary to afford relief from some known ailment. It also allows him to purchase not more than six quarts of liquor during any calendar year for professional use only. Bonds need not be filed by physicians, dentists or veterinarians, or by hospitals or sanatoriums unless required by the commissioner. It is not necessary for physicians to pay five dollars or any other amount to any lawyer or bonding company. No fee is required for registering and securing a permit under the prohibition law, and the government officers can and will do all that is necessary to assist a physician to procure a permit without any cost to him. *The Journal* has endeavored to keep its readers informed regarding the provisions of the prohibition law. It will continue to do so in the future. The requirements for registration under the law are not difficult; however, if any of our readers are in doubt as to what to do in order to comply with the law, we shall be glad to advise them.—*Jour. A. M. A.*

#### INFLUENZA OF 1918 AND 1920.

The epidemic of influenza in 1920 in this country reached its maximum, so far as the large cities of the country are concerned, in the week ending February 14. According to the Bureau of Census Reports, the number of combined deaths from influenza and pneumonia in that week was 7,059, while in the following week the number of deaths from these causes in the same cities had dropped to 5,088. These figures compare with the February weekly average in 1917 of 1,489. Although cases of typical influenza seem still to be appearing in various parts of the country, the peak of the epidemic has certainly been passed. As previously pointed out, the total mortality throughout the country has been much lower in 1920 than it was in 1918. Certain localities, however, have suffered quite severely, notably Kansas City, Minneapolis, Detroit, Milwaukee and St. Louis, all of which had a higher death rate from influenza and pneumonia than in 1918. Columbus, Ohio, and Indianapolis also suf-

fered severely, although the actual excess rates did not reach quite as high a point as in 1918. Unofficial reports from small towns and villages show substantially the same conditions as observed in the larger cities. Most communities were less seriously affected than in 1918, but certain localities apparently without regard to geographic distribution were very seriously stricken.

The epidemic of respiratory disease of January, 1920, differed from the epidemic of 1918 in that the total number of persons affected was less, the proportion of acute rapidly fatal cases was smaller, and the period of the epidemic was somewhat shorter. Symmers,<sup>1</sup> in a study of the pathologic findings in a series of fatal cases of pulmonary disease of the recent recurrent epidemic in New York, noted certain clinical as well as pathologic differences between the types of the disease of the two epidemics:

"The recurrent disease, while it incapacitated thousands, pursued a milder course, complicating pneumonias were relatively few, and the death rate, of course, did not approach the appalling figures of the previous eruption. On the other hand, the recurrent disease was characterized by a greater variety of pulmonary lesions—among other things, by concomitant semipurulent pleural exudates, by multiple pleural and subpleural abscesses, by frequent and extensive purulent invasion of the interlobar and interlobular septums of the lungs, by the formation of solitary, oftener multiple, discrete or confluent abscesses of the parenchyma, and by an extraordinary range of pneumonic lesions."

This experience in New York was no doubt duplicated in many other localities, usually those in which the epidemic of 1918 was of like severity. In other communities the epidemic of 1920 presented a proportion of severe rapidly fatal cases approaching that of 1918. As was pointed out in these columns,<sup>2</sup> the case fatality in several large cities equaled that of the epidemic of 1918.

Apparently the differences between the original and the recurrent epidemic depended

to a considerable extent on the relative susceptibility and exposure of the population of a community at a given time. The first wave of influenza in 1918 affected a large proportion of highly susceptible persons, and in these the course was particularly severe and fatal. The early fatal termination precluded the development of purulent complications, which require a somewhat longer time for development. The records in certain army camps showed that of those dying late in the epidemic, at a time when the proportion of purulent complications was larger, many had become ill early in the epidemic, but had survived their fellows only to succumb later to more slowly fatal complications. The effect of individual resistance on the type of pulmonary lesions has been noted by MacCallum<sup>3</sup> in his studies on pneumonia following measles and on the pneumonias following influenza. Some communities suffered relatively little in 1918, and in some at least of these, in which there presumably remained a considerable number of highly susceptible persons, the influenza of 1920 produced many severe fulminant cases of the type seen early in the epidemic of 1918.

So far as now available, reports from different communities on the bacteriology of the 1920 epidemic show the same diversity of results as was the case in the 1918 epidemic. Symmers found *Streptococcus hemolyticus* in most of the lesions; *Staphylococcus aureus* was found occasionally in intrapulmonary abscesses. "In the pneumonic exudates themselves, the prevailing micro-organism was a streptococcus. In occasional instances, influenza bacilli and pneumococci were isolated in combination with one another or with streptococci." These findings resemble those of the later portion of the epidemic of 1918 in some army camps. On the other hand, Small and Stangl<sup>4</sup> report from Chicago a higher proportion of Pfeiffer bacilli, in some of their groups from 75 to 100 per cent. In a group made up of cases of pneumonia chosen at intervals throughout the 1920 epidemic, pneumococci occurred in 84 per cent., hemolytic streptococci in 18 per cent., and Pfeiffer bacilli in 75 per cent.

In 1918, a clear bacteriologic picture of the epidemic as a whole was difficult on account of the diverse findings in different localities. However, the clinical features of the primary disease, influenza, were the same wherever it occurred, varying only in degree of severity, and there is much evidence in favor of the view that influenza has a demonstrable pathology of its own, as described by LeCount,<sup>5</sup> Goodpasture<sup>6</sup> and others, the outstanding features of which are capillary necrosis and hemorrhage, with resultant edema, and that the succeeding pneumonias result from infection by such organisms, whether streptococcus, pneumococcus, Pfeiffer bacillus, or others, as happen to be resident in the respiratory tract of the patient, and are able to grow on the soil prepared by the preceding influenzal lesions.

It seems probable that when complete reports of the 1920 epidemic are available we shall find that, on the whole, the severity is much less than in the epidemic of 1918, but that here and there groups of cases in 1920 were fully as severe and presented the same fulminant characteristics as in 1918. It should also be borne in mind that in larger communities, especially, there will be included with the cases of the epidemic influenza that group of cases of respiratory disease which would normally occur during the winter season, including a varying proportion of lobar pneumonias, streptococcal pneumonias similar to those of 1917-1918, and a host of cases of colds and tonsillitis which in non-epidemic periods would be passed with less remarks.—*Jour. A. M. A.*

1. Symmers, Douglas; Dinnerstein, Morris, and Frost, A. D.: Differences in Pathology of Pandemic and Recurrent Forms of So-Called Influenza, *J. A. M. A.* 74:646 (March 6) 1920.

2. The 1920 Influenza, Current Comment, *J. A. M. A.* 74:607 (Feb. 28) 1920.

3. MacCallum, W. G.: Pathology of the Pneumonia Following Influenza, *J. A. M. A.* 72:720 (March 8) 1919.

4. Small, J. C., and Stangl, Fred: The Bacteriology of Epidemic Influenza, abstr. *J. A. M. A.* 74:622 (Feb. 28) 1920.

5. LeCount, E. R.: Disseminated Necrosis of the Pulmonary Capillaries in Influenzal Pneumonia, *J. A. M. A.* 72:1519 (May 24) 1919.

6. Goodpasture, E. W.: *Am. J. M. Sc.* 158:863 (Dec.) 1919.

## AMERICAN PUBLIC HEALTH ASSOCIATION TO CELEBRATE FIFTIETH ANNIVERSARY.

Next year the American Public Health Association will conduct its fiftieth annual meeting. An interesting circumstance is that Dr. Stephen Smith, the founder and first president of the association, will at that time be approaching his ninety-ninth birthday. Dr. Smith is still hale and hearty and possesses his faculties to a remarkable degree. It is his intention to read a paper at the meeting referred to. His vigor at a ripe old age exemplifies the results of sane living.

The American Public Health Association was founded at New York City in 1872. Until a few years ago it remained a strictly scientific body, somewhat on the order of the royal societies of Europe. More recently the membership has been broadened so that those may join who have a more general interest in public health, including such workers as health officers, laboratory men, school medical inspectors, industrial hygienists, public health nurses, physicians interested in preventive medicine, etc.

Dr. Ralph N. Greene is chairman of the committee on membership for the state of Florida. Those interested in the objects of the association are invited to correspond with him.

Members of the association receive the *American Journal of Public Health* and the A. P. H. A. News Letter monthly, together with the customary association advantages. Dues are \$5 per year.

The American Public Health Association stands as an honored institution which during the years has been tremendously influential in bringing the new methods of public health into use. Certainly no health worker can afford not to be a member, or to miss its publications.

---

### PRESENT TUBERCULOSIS PROBLEMS.

In an unusually well-written paper, Stewart, of Ninette, Manitoba, discusses

tuberculosis problems under the subdivisions, "Doctrines, Conditions and Needs." Tuberculosis is more a social than a medical problem; less a disorder of the individual than a disorder of the community. Its occurrence in the individual depends upon all conditions which enter into his life. Its development out of social conditions connects it up with every movement for the betterment of living conditions; and in thinking about it, nothing in a community is without relevance or interest. The stresses of army life have broken down many soldiers; but this has been balanced to some extent by the number of those who have been actually improved by the drill, regular life and outdoor work of the army. Asphyxiating gases have not aroused tuberculosis. The good results of the war have been a better understanding of the disease, more accurate diagnosis, a more general resort to treatment in early cases, more and better equipped institutions for treatment; a juster idea of the tuberculous man's place in the community, and a fuller utilization of even the definitely tuberculous man for service. The most crying need is information that shall convey the truth about tuberculosis.

Stewart, David A.: Tuberculosis Problems of To-day; Doctrines, Conditions and Needs. —*American Review of Tuberculosis*, March, 1920, Vol. IV, No. 1, page 1.

---

### ENDOWMENT FUND GIFTS ANNOUNCED.

Mrs. Henry R. Rea, of Pittsburgh, Pa., has given \$100,000 to the New York Postgraduate Medical School and Hospital's \$2,000,000 Endowment Fund. This gift was announced by Dr. Ludwig Kast, a member of the Endowment Fund Committee and Professor of Medicine in the school, last week.

Mrs. Rea's benefaction, given in memory of her parents, the late Henry W. and Mrs. Oliver, of Pittsburgh, is to be used in advancing medical standards by providing additional opportunities for postgraduate study



and research to practicing physicians and surgeons.

Twenty or more scholarships are to be provided by the fund, available to doctors unable to make the financial sacrifices heretofore required in giving up their practices during the periods of postgraduate work.

Mrs. Rea's gift is probably unique among benefactions to educational institutions in that it is for the benefit of active professional men to increase their usefulness to the community. The doctor's responsibility to the public and the handicaps under which he is placed in keeping abreast of medical progress, were particularly brought home to Mrs. Rea during the war, while serving in a volunteer capacity as Field Director of the Walter Reed Hospital in Washington.

Terms under which the scholarships will be available to doctors are now under consideration by the Board of Directors of the Postgraduate Medical School. It is understood that this assignment will be based on the recommendations of state and county medical associations. The records of doctors for public service in the communities will also be an important factor in the choice, together with the usual professional qualifications.

In addition to Mrs. Rea's gift, James C. Brady, of New York, has given \$50,000 towards the first \$1,000,000 and has pledged \$125,000 to help in raising the \$2,000,000. Vincent Astor gave \$50,000 and has promised an additional \$75,000 after the first \$1,000,000 has been raised.

The total of the fund as announced by Dr. James F. McKernon, Chairman of the Committee, is now \$329,000.

## FREE CLINICS FOR TRACHOMA TREATMENT

"The greatest thing that ever happened to this county."

That was the way a County Judge in Kentucky characterized the trachoma clinics held there last fall under Red Cross auspices for the free treatment of eye sufferers. While

this appreciation, from a man who has a sympathetic comprehension of the problems of social justice, pays a tribute to the value of the Red Cross program of service to meet the needs of peace, even greater tribute is found in the deep feeling of gratitude of the children and older people who were actually suffering from the serious eye disease, and who have been saved from a life of blindness.

The three clinics held in Kentucky, which were the first of their kind to be established in the name of the American Red Cross, have helped to remove one of the causes of greatest suffering in the Kentucky mountain regions. They illustrate in a definite way the success of Red Cross Service in awakening communities to their health needs.

In the Kentucky regions, where trachoma has been so prevalent, there has been complete ignorance of the extent of the disease, of its contagious nature and of the serious results if not checked. Consequently, effective steps have not been taken to free the afflicted ones from the disease or prevent its spread to others. Red Cross workers in this district, in talking with teachers and citizens, discovered that trachoma was a real affliction to the people there and immediately set about the establishment of a clinic for free treatment.

With the approval of the local doctors, the Kentucky State Board of Health and the Kentucky Society for the Prevention of Blindness, the Red Cross was able to secure Dr. McMullen, United States Public Health Service Surgeon in charge of trachoma work, as well as a specialist from Baltimore and nurses, to examine and treat trachoma patients for three days in available rooms in the courthouse, where the people could be boarded at Red Cross expense. Eighteen hundred posters advertising the clinic were distributed, calling attention to the opportunities for treatment in the following words: "If your eyes are weak or you are becoming blind, or have granulated eyelids, the Red Cross invites you, grown people and children, rich and poor, to free examination and treatment."

In an attempt to reach every person who

might benefit from the treatment, Red Cross Home Service workers went into all the out-of-the-way districts, in order to interest the people personally. This was responsible for the large number who came miles to attend the clinic. Scores of eye sufferers, eager to seize the first opportunity of expert treatment by eye specialists, crowded into the courthouse, which was equipped with Red Cross cots, blankets and sheets, and converted into a temporary hospital.

One mother, in spite of a sore foot, walked seven miles to bring her six children to the clinic. Because of her lameness, it took five hours to make the trip. The oldest son, a lad of twelve years, carried the baby all the way, and the three-year-old child part way. Continually throughout the journey the mother had to coax the children to go on because those returning from the clinic frightened them by telling them that people were having their eyes cut out. Three of the children were found to have bad cases of trachoma and were operated on. The family slept in the circuit court room on Red Cross cots, and, when all had been treated, was sent home in an automobile furnished by the Red Cross Chapter.

Another woman, left penniless upon the death of her husband, brought her four children to be treated. She, as well as the children, had trachoma; and her sixteen-year-old brother, who accompanied them, was blind almost beyond help.

During the three-day clinic, several hundred people were examined, forty-three operations were performed, and many patients received medical advice. Red Cross picture shows and talks on health by the doctors were given afternoon and evening, for the benefit of the patients. It was interesting to note the strong feeling of democracy which prevailed—the children of well-to-do people lay on the cots beside the poor, united in a spirit of thankfulness for the help they were receiving.

This clinic was so successful, and there were so many applicants who were unable to receive treatment, because of lack of time,

that a second one was held in the same place the following month, with very successful results. A few weeks later, in a county adjacent, a third clinic was held under Red Cross auspices, which resulted in the examination of 210 persons and thirteen operations. While the clinics were the source of immediate relief to many of the eye sufferers, successful cures were effected by follow-up treatments given by the Red Cross Public Health Nurses in their visits to the patients' homes.

In addition to these clinics, Red Cross cooperation was given in connection with two clinics in Ohio which were financed entirely by the Public Health Service. The Red Cross assisted in the surveys, in recruiting patients out in the country, and rendered helpful service while the clinic was in progress. The clinic which the Public Health Service conducted in Hamilton, Ohio, last December, lasted two and one-half days, during which time 187 children suffering from trachoma were examined. Sixty-five cases were operated on and the rest were placed under medical treatment. The survey made at Hamilton revealed that the disease was gaining a firm foothold in the community and that in a year or two, if it were not eradicated, possibly eight per cent of the school pupils would be affected.

Red Cross health nurses have been very successful in attempts to eradicate trachoma. A Kentucky coal-mining town, with a population of 3,000, offers an example of what one Red Cross Public Health Nurse did in this connection. In her journeys on horse-back from mountain cabin to miner's home, she soon discovered that trachoma was prevalent among the children and that many others also had "sore eyes," as the disease is commonly called. Through her efforts there was brought about an examination of 308 high school pupils. It was found that practically every child needed attention. In one school of 134 pupils, 7.6 per cent were found to have trachoma. Dr. McMullen was invited to hold a public clinic in the community. During three days, he operated on thirteen persons

and later fifteen more children were operated on. Twenty-two of the twenty-six affected high school pupils were treated, and for the first time in its history the school is free from trachoma.

In North Dakota, where there are not adequate provisions for treating this disease, a Red Cross Public Health nurse found a nine-year-old boy who was almost blind. He had suffered with the disease since he was two years old, and had been operated on several times without effect. His parents were very desirous of having him obtain an education and pleaded with the nurse to help them in their difficulty. The nurse realized that the boy would not be able to attend school until he was cured, and immediately wrote to the Public Health Service to ask assistance.

In the meantime the nurse found four other children whose condition was almost as serious. The families were not able to finance any undertaking for the treatment of their children; so the County Commissioners were interested and promised to finance any move that would better their condition. The Public Health Service advised that if transportation could be furnished from North Dakota to Kentucky, the children could be treated at the hospital which the Government has established there for free treatment and maintenance of trachoma patients.

After a journey of three days and two nights, the Red Cross nurse and her charges arrived at the Government Hospital in the mountains of Pikeville, Ky. After nine weeks' treatment she returned and found them completely cured. Since that time they have been attending school without any recurrence of the disease. — *The Red Cross Bulletin*.

#### FOR HEALTH OF ALL MANKIND.

Extracts from the minutes of the first General Conference of the League of Red Cross Societies, held at Geneva, Switzerland, in March, which have just reached here, present the objectives of the League in a most comprehensive manner. They also assist to a better visualization of the very serious condi-

tions existing in portions of Europe as the result of the diseases which have followed in the wake of war.

Improvement of the health and physical welfare of mankind is what the League of Red Cross Societies is striving for, and it is the hope that the spirit of the Geneva Conference, in planning for practical work to that end, may be forcibly conveyed to the various Red Cross organizations embraced in the League. As a preface to its own minutes, the Conference quotes the following declaration of the Medical Conference at Cannes, distinguished by the presence of leading scientists of the world, which was called for the purpose of formulating a peace time program of the Red Cross Societies, and from which developed the League organization:

"We desire to express our belief that, while every measure should be taken to repair the ravages of war and to prevent all wars, it is no less important that the work should address itself to the prevention and amelioration of those ever-present tragedies of unnecessary sickness and death which occur in the homes of all peoples.

"This world-wide prevalence of disease and suffering is, in considerable measure, due to causes which science has not yet disclosed, but a great part of it is due to widespread ignorance and lack of application of well-established facts and methods capable either of largely restricting disease or of preventing it altogether.

"It is clear that it is most important to the future progress and security of civilization that intelligent steps be taken to instruct the peoples of the world in the observance of those principles and practices which will contribute to their health and welfare.

"In the accomplishment of these great aims it is of supreme consequence that the results of the studies and researches of science should be made available to the whole world, that high standards of practice and proficiency in the prevention of disease and preservation of health should be promoted and supported by an intelligent and educated



public opinion; and that effective measures should be taken in every country to secure the utmost cooperation between the people at large and all well directed agencies engaged in the promotion of health."

Then follow these declarations embodying the conclusions of the General Conference:

"Events in the world during the year which has passed have made even more clear the wisdom of those assembled at Cannes, as expressed in their minutes, and have brought more forcibly upon us the need of action along the lines suggested. It is, therefore, with satisfaction that we unanimously approve the minutes as thus recorded. Our purposes being the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world, we heartily ratify and confirm the resolutions adopted by the Medical and Organization sections of the present General Conference, the first held by the League. We approve most cordially their recommendations that in every country the National Red Cross Society shall so far as possible be stimulated in growth and activity by suitable provision for popular membership and by the enrollment of its youth for Red Cross education and service.

"With our constituent Societies thus strengthened, we feel that the medical program, as outlined in the resolutions from that section, may be most effectively carried on, embracing as it does, the most important features of the care and welfare of mothers and children, the treatment and control of tuberculosis and other infectious and contagious diseases, and the improvement of sanitation, the standardization of vital statistics, and the encouragement of the development of scientific study along practical lines affecting the public health. We advocate through these resolutions the extension of nursing service in all its branches, covering the community, the home and the school, as well as along more firmly established lines. We approve organization for meeting the relief demands of national disaster.

"We have received, in the closing hours of our sessions, from Mr. Balfour, President of

the League of Nations, an appeal that the League of Red Cross Societies should undertake the cooperation and administration of relief work in the famine and disease stricken portions of Europe, and we have replied that our organization was available for this purpose, provided the governments would supply the elemental essentials, food, clothing, and transportation, the requirements for which are far beyond the resources of any and all possible voluntary support.

"In submitting our reports to our respective societies, we shall endeavor to convey to them the spirit of this Conference, which strives for nothing less than for the improvement of the health and physical welfare of mankind. Immense labors are before us, but our path is now clearly defined. We have found here a true unity of purpose. We have been thinking and feeling in larger terms than those of national egotism. We have felt something of that universal kinship which could not find content in the well-being of a particular people alone. We have seen also more clearly than ever before that the health of one people is related to the health of all; that as the germ recognizes no frontiers neither should the prevention and the cure.

"In the name of the League we, therefore, devote ourselves to the duties we have assumed for the benefit of humanity."

The attitude of the League of Red Cross Societies regarding relief in Central Europe, as declared by the Geneva Conference in reply to a communication from President Balfour, of the Council of the League of Nations, has previously been published in the newspaper cables from Geneva, and in *The Bulletin*; but a fuller exposition of the matter, as presented in the minutes of the Conference, will be of interest to Red Cross workers. The minutes on this subject are appended:

"The Chairman of the Board of Governors, having received a letter from the Right Honorable A. J. Balfour, President of the Council of the League of Nations, stating in part as follows:

"The ravages inflicted by disease upon the war-worn and underfed populations of Central Europe (to say nothing of regions further east) have reached appalling proportions. Men, women and children are dying by thousands, and over vast and civilized areas there are neither medical appliances nor medical skill sufficient to cope with the horrors by which we are faced. \* \* \* The catastrophe is of such unexampled magnitude that no organization less powerful than the League of Red Cross Societies seems adequate to cope with it. To this great body I, therefore, make appeal. The members of the League of Nations have agreed to encourage Red Cross organizations whose purposes are "the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world." There can surely never be an occasion calling more insistently for action. \* \* \* Though confident of the moral support of my colleagues, I have not been able formally to consult them, or as yet, to speak with their authority. I shall, however, bring it before the council at the earliest opportunity, and, in the meanwhile, I venture to urge the League of Red Cross Societies to organize an effort worthy of its unique position for dealing with a calamity which, following hard on war, seems almost worse than war itself."

"We, the delegates forming the General Council of the League, assembled in conference, fully conscious of the unparalleled distress in the stricken districts of the world, and of the imperative need of immediate and comprehensive action, declare ourselves in full sympathy and accord with the suggestion made by Mr. Balfour. From our own study and survey within part of the districts affected, we must, however, declare our conviction that any voluntary aid, to become effective, can only follow the provision of such essentials as food, clothing and transportation, which must be given if the peoples are to live and be restored to a condition of self-support and the need of which is so vast

that it cannot be given by voluntary organizations, but must be supplied by governments.

"Therefore, be it resolved: That, upon assurance from the League of Nations that food, clothing and transportation will be supplied by governments, the League of Red Cross Societies shall at once formulate plans for the immediate extension of voluntary relief within the affected districts, in accordance with the ascertained requirements, and shall appeal to the peoples of the world, through the Red Cross organizations, members of the League of Red Cross Societies, for doctors, nurses and other necessary personnel, medical supplies, diet foodstuffs and such money as may, in their judgment, be required in the operation, calling upon various countries, through the Red Cross organizations, for such quota of personnel, materials and money as seem appropriate to the resources and conditions obtaining in each country, and

"Be it further resolved: That each delegation present charges itself with the duty, immediately upon notice being received from the League, of urging its own organization to take such steps within its own country as will best insure the success of the undertaking.

"Resolved: That the General Council of the League of Red Cross Societies expresses to the American Red Cross its profound gratitude for the donation of \$500,000 to be utilized in carrying out preliminary investigation and study of the conditions prevailing in any country for which Red Cross assistance is desired.

"The Council further wishes to put on record the fact that the great humanitarian work, which the League aims at accomplishing, could never have been undertaken had it not been for the enlightened generosity of the American Red Cross, and the wholehearted enthusiasm of Mr. Davison himself and his colleagues." — *The Red Cross Bulletin*.

## PUBLISHER'S NOTES

The rapid growth of the American chemical industry is indicated by the announcement that The Abbott Laboratories have recently purchased twenty-six acres of ground in North Chicago and will soon commence building an additional plant for the exclusive manufacture of synthetics and other chemicals.

Physicians and pharmacists are enthusiastically encouraging the idea of American independence in pharmaceutical and chemical lines.

The Abbott Laboratories is a leader in developing, under government license, such important products as Barbitol (Diethylbarbituric Acid), Cinchophen and Procaine. They are also supplying Anesthesin, Dichloramine-T, Chloramine-T, Nucleinic Acid, Colchicine, Hydrastine, Sanguinarine Nitrate, Lecithin and other chemicals. Some of these have been included and will be shown in the Scientific Exhibit of the American Medical Association at New Orleans in April.

### DOCTOR MARVIN SMITH

OF

JACKSONVILLE, FLORIDA

ANNOUNCES THE OPENING OF HIS

PRIVATE SANITARIUM AND DIAGNOSTIC INSTITUTE

HE HAS ASSOCIATED WITH HIM AS A DIAGNOSTIC STAFF:

W. Herbert Adams, M. D.  
Frederick Bowen, M. D.  
W. P. Dey, M. D.  
Lynwood Evans, D. D. S.

Ralph N. Greene, M. D.  
Herman H. Harris, M. D.  
R. L. Harris, M. D.  
Graham E. Henson, M. D.

J. L. Kirby-Smith, M. D.  
R. E. O'Hara, D. D. S.  
C. D. Rollins, M. D.  
A. K. Wilson, M. D.

## SAINT ALBANS SANATORIUM

RADFORD, VIRGINIA

**Chronic Medical, Neurological, Mild Mental  
and Addict Cases**

An ethical institution, located in the heart of the blue-grass section of Virginia, 2,000 feet above sea level. Completely equipped for diagnosis and treatment. Two large colonial brick buildings, 100-acre farm. Two physicians devote their entire time to the patients. The nurses are specially trained for the work. Excellent railway facilities. Beautiful scenery and surroundings. An ideal place for the nervous types from the far Southern States to summer. Rates reasonable. Correspondence solicited.

J. C. KING, M. D.

JOHN J. GIESEN, M. D.



# THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume VI

St. Augustine and Jacksonville, Florida, June, 1920

Number 12

## ORIGINAL ARTICLES

### THE NEW ERA.\*

WM. E. ROSS, M. D.,  
Jacksonville, Fla.

At this the forty-seventh annual meeting of the Florida Medical Association, we are in an atmosphere entirely different from that of any other occasion of the congregating of the medical forces of the state.

Our state and nation has just experienced a participation in the greatest war of the world's history. A great many of our profession were suddenly transferred from the peaceful life of practitioners of medicine to a stage set for the conduct of a war full of horrors such as the world had never seen.

Out of this period of carnage and bloodshed most of us have had a new vision.

Never before in the history of the country has there been afforded an opportunity for the medical profession to examine the manhood of the nation in such enormous numbers.

In no previous crisis has there been the necessity for the masses, both military and civilian, to so intimately associate themselves, day after day, week after week and month after month, under conditions entirely different from those in which they normally lived.

It has been aptly stated that a life without one great emotion is not an ideal existence. Surely the great world war has been the climax of emotion, both to individuals and to the nation, and has been the means of stimulating in each of us a more active interest in our fellow man and a deeper concern for his betterment in the future.

While in the past we have concerned ourselves about those mental, social and physical defects which because of being most glaring were brought to our attention, the medical history of the war has taught us that the correction of these discrepancies in the life of the nation will in the future be the keynote in our plan of work and action.

When we contemplate the astounding menace of mental and physical deficiencies that became apparent during the selection of our men for the army and navy, we must all be impressed with the gigantic task before us in bringing about such modes of thinking and living as will insure posterity a race of strong, virile, dependable man-power, such as was conspicuously and sadly absent during the great emergency through which we have just passed.

In the fulfillment of any idealistic programme which has for its object the betterment of mankind, some individual or class must assume the responsibility. None of the professions have the opportunity of intimate contact with or influence over the average man or woman that the physician has. Therefore there looms before us this great opportunity, where by advice, both technical and general, we may play the greatest part in the redemption of the defectives of the nation and in the prevention of a defective posterity.

The whole problem is a medical one, and any measures that aim towards the prevention of mental, physical or social defects are those vital problems whose proper application confront us, of the medical profession, as a stern and solemn duty.

As the pages of the medical and surgical history of the past few years are unfolded, we are impressed with the wonderful re-

\*President's address delivered before the forty-seventh annual meeting of the Florida Medical Association, at Daytona, May 12, 13, 1920.

sourcefulness that has been demonstrated when opportunity presents itself for a concentrated effort to overcome the causes which tend to lower human efficiency and longevity.

We have been fully aware of the needs of preventive medicine to supplant the echoes of the past, a past wherein it was the duty of the physician to treat and not prevent disease. All disasters seem to be followed by a certain amount of good accomplished and in this, the new era, the professions of medicine and surgery have an added advantage of dealing with millions of humans who by virtue of experience and education have been made to realize that prevention is really worth while.

The future of the nation depends upon the the type of manhood and womanhood that is produced, and upon the oversight and education that will come from the physician much depends.

In the past, in the keen struggle for new scientific facts, diagnostic means and therapeutic measures, we have overlooked and failed to take advantage of many of the simple and well-known facts pertaining to hygiene, which, although commonplace with us, are utterly unknown to the majority of the laity.

It is only fit and right that we should in a measure lay aside that reserve which has in the past prevented us from promulgating much-needed information, and we should in the future adopt a plan of going into the most remote ramifications of each case that we see, bringing to the attention of those concerned all of the elements which have to do with the causation of this particular instance of illness. A few words of voluntary advice may mean the avoidance of a future illness of similar type, and in many cases will be the means of saving life itself. The most fertile spot for the implantation of knowledge which has to do with our physical, social or economic life is in the confines of the simple

home, and surely none have a greater opportunity there than we.

When we look back over the centuries and make a survey of the great nations whose powers have waxed and waned, we find that there is a direct ratio between the stability and progress of these nations and their physical and moral standard. There is a spirit of unrest in the world, and great nations are vying with each other for supremacy in influence and power.

We feel that our nation is one than which there is none greater, but we must not lose sight of the fact that upon the concerted action of the medical profession depends that decision as to whether or not we shall face the future with doubt and misgivings, or whether we shall determine that by our unity of action, and honesty of purpose, we shall proceed with new courage, never doubting that the trend of our national life will be onward and upward.

The future of medicine is most bright and the brilliant minds among our profession are constantly placing in our hands new methods for the combating of disease, but the undeniable fact remains that in the simplest of us there is that latent ability to help in a large measure towards the prevention of disease.

No profession as a class has higher ideals of its duties and responsibilities than the medical profession, but in this age of strenuous competition and feverish search for added knowledge, many of the finer things which go to glorify our work are kept in abeyance.

This address might have been made in one sentence by saying that each of us, during our busy routine in the home, the office, the operating room, in the busy cities, or the peaceful country districts, where the mighty and the lowly by suffering are made alike, are each day brought to the closer realization of the infallibility of the statement made centuries ago that we are in deed and in truth our brother's keeper.

## Proceedings of the Forty-Seventh Annual Meeting of the Florida Medical Association held at Daytona, May 12-13, 1920

The General Association was called to order on May 12th, at 10.30 a. m., by Dr. C. C. Bohannon, Chairman of the Local Committee on Arrangements. Prayer was pronounced by the Rev. W. L. Lewis.

Hon. F. C. Archibald, the Mayor of Daytona, delivered an Address of Welcome in behalf of the City of Daytona; he was followed by Dr. J. M. Mathews, of Port Orange, representing the Volusia County Medical Society.

Dr. James D. Love, of Jacksonville, responded to the Addresses of Welcome.

President Wm. E. Ross took the chair.

The minutes of the forty-sixth annual meeting were read by the Secretary and, on motion duly seconded, adopted as read.

The following reports were read by the Secretary:

### *Secretary's Report.*

*To the President and Members of the Florida Medical Association:*

The eleven councillor districts in the Association comprise forty-eight counties. Of these twenty-eight may be said to have active organizations. Not all of them are active in the sense of holding regular meetings, but their reports are filed consistently each year with the State Association. The twenty counties having no organizations are represented in the following: First District, one county (Santa Rosa), J. H. Pierpont, Councillor. Second District, three counties (Franklin, Liberty, Wakulla), F. F. Ferris, Councillor. Third District, two counties (Hamilton, Taylor), W. C. White, Councillor. Fourth District, two counties (Clay, Nassau), Julian E. Gammon, Councillor. Fifth District, two counties (Citrus, Hernando), E. Van Hood, Councillor, deceased. Sixth District, one county (Pasco), Thomas Truelsen, Councillor. Seventh District, two counties (Osceola, St. Lucie), C. D. Christ, Councillor. Eighth District, three counties (Baker, Levy, Putnam), A. H. Freeman, Councillor. Ninth District, three counties (Calhoun, Holmes, Washington), C. H. Ryalls, Councillor. Tenth District, one county (Lee), R. L. Cline, Councillor. Eleventh District, none, W. R. Warren, Councillor.

Bay county has not been placed in a district and should be made a part of the ninth councillor district. Of the twenty-eight active organizations, seventeen

had filed complete reports at the time of making up this summary.

Your Secretary held a conference with the Secretary of the American Medical Association, Dr. Alex. Craig, at the New Orleans session relative to placing a man in the field in this state in the interest of organized medicine. The details of the scheme have not been completed. In brief, they consist of the representative calling on the secretary of each component county medical organization, or in counties where there is no organization on the councillor of the district, requesting to be furnished with a list of physicians not members but eligible for membership.

These men are then solicited to join their county organization, their applications going through the regular channels. The field man secures a dollar for each new member accepted for enrollment. The matter has been worked out in other states with varying degrees of success. It is believed that the method is especially applicable to this state. It is expected that the matter will be referred during the coming summer to the Executive Committee who, under our constitution, has the necessary authority to take action.

All of which is respectfully submitted.

Faithfully,

GRAHAM E. HENSON,  
*Secretary.*

### *Report of the Secretary-Editor.*

*To the President and Members of The Florida Medical Association:*

GENTLEMEN—It will have been noticed during the past year that for the most part the reading matter has been cut down to from sixteen to twenty pages. The original form was thirty-two pages of reading matter and sixteen pages of advertising. Two factors have entered into the cutting down of reading matter, namely, shortage of material offered for publication and the increased cost of production.

The first factor could have been overcome by an active solicitation for material if the funds to meet the increased cost of production were forthcoming. Roughly speaking, it costs the same to produce a sixteen-page reading form with a fourteen-page advertising form as it did five years ago to produce a thirty-two page reading form and sixteen-page advertising form. The advisability of raising the Association dues to provide additional funds is a matter that should be taken up by the House of Delegates.

THE JOURNAL has published regular monthly issues since the last annual report. The advertising



rates will be materially advanced the first of January, 1921. Our page rate per year, under this advance, goes from \$72.00 per page to \$120.00; lesser space in the same proportion. The increase was proposed by the Cooperative Medical Advertising Bureau, all state-owned Journals advancing their rates at the same time. It has taken six years to build up this advertising patronage; without it we could not publish THE JOURNAL, so all members are again urged to patronize firms advertising with us, whenever they can possibly do so.

The following financial statement is made a part of this report:

FINANCIAL STATEMENT OF THE JOURNAL OF THE  
FLORIDA MEDICAL ASSOCIATION.

RESOURCES.

Balance cash on hand last annual report	\$ 45.79
Earnings from advertisements .....	1,112.29
Furniture .....	96.66
Cash from Florida Medical Association.	900.00
	<hr/>
	\$2,154.74

DISBURSEMENTS.

Expenses .....	\$1,817.34
Commissions .....	138.26
Discount and Interest.....	30.62— 1,986.22

ASSETS.

Furniture .....	\$ 96.66
Cash on hand .....	71.86— 168.52
	<hr/>
	\$2,154.74

GRAHAM E. HENSON,  
*Secretary-Editor.*

*Treasurer's Report.*

*To the President and Members of the Florida Medical Association:*

GENTLEMEN—The following constitutes an accounting of the Association funds for the past year:

Balance on hand last annual report.....	\$ 346.67
Back dues collected during year.....	750.50
Dues collected for current year.....	1,065.50
	<hr/>
	\$2,162.67

Expenses .....	\$1,666.26
Cash on hand .....	496.41—\$2,162.67

GRAHAM E. HENSON,  
*Treasurer.*

The President appointed a committee consisting of Drs. John MacDiarmid and H. Mason Smith to audit the accounts of the Secretary-Editor and Treasurer.

Dr. James D. Love read a communication from Dr. W. A. Mullherin of Augusta, Ga.,

relative to the organization of Pediatric Societies in the various states. In discussing the communication, Dr. Love asked for an expression of opinion from the Association relative to the advisability of effecting such an organization in Florida.

The matter was discussed by Drs. John H. Helms, J. N. Fogarty, M. E. Heck, W. P. Adamson, Davis Forster and James D. Love.

Dr. Love moved that "either a Pediatric section of the Florida Medical Association or a Florida Pediatric Society be organized to be affiliated with the State Association, but to have separate officers whose duty it shall be to formulate a program on diseases of children to be placed on the program of the State Association."

The motion was duly seconded and carried.

Dr. Adamson moved that "The Florida Medical Association in General Assembly recommend to the House of Delegates that the Association recognize a section on Pediatrics of the Florida Medical Association and that a section on each annual program be devoted to its purposes, the papers to be read before the General Assembly."

The motion was duly seconded and carried.

The General Assembly adjourned to meet at noon the following day.

Organization of the House of Delegates was then effected with the following county representatives:

Alachua, L. F. Greene; Brevard, J. W. Martin; Columbia, P. C. Farnell; Dade, L. H. Martin, W. S. Grambling, M. Freeman; DeSoto, Y. E. Wright; Duval, B. L. Arms, Wm. M. MacDonnel, R. H. McGinnis, M. B. Herlong, T. Z. Cason, H. M. Taylor, James H. Pittman; Escambia, S. M. R. Kennedy, J. H. Fellows; Hillsboro, John H. Helms, J. Brown Wallace, J. W. Alsobrook; Jackson, D. C. Campbell; Lafayette, O. F. Green; Lake, M. M. Hannum; Leon-Gadson, H. Mason Smith; Madison, Eustace Long; Marion, H. C. Dozier; Monroe, Joseph Y. Porter; Orange, J. S. McEwan; St. Johns, M. W. Seagears; Pinellas, Wm. M. Davis, J. H. Peabody; Palm Beach, R. O. Cooley; Polk, B. V. Caffee; Volusia, C. C. Bohannon.

The House of Delegates adjourned to meet at 5 p. m.

The Scientific Assembly was called to order by the Chairman, Dr. W. P. Adamson, at 2 o'clock.

The following papers were read and discussed:

"Observations on Some Surgical Conditions of the Knee," Edward Jelks, M. D. Discussed by Drs. J. S. McEwan, H. C. Dozier, Mary Freeman, L. W. Martin, J. W. Alsobrook, E. L. Scott and Edward Jelks.

"Postural Defects in Relation to Joint Strain," E. Laurence Scott, M. D. Discussed by Drs. Frederick Waas, Mary Freeman, John S. Helms and E. Laurence Scott.

"Preventable Deformities of the Lower Extremities," H. Cutting Dozier, M. D. Discussed by Drs. Edward Jelks, John W. Alsobrook and H. Cutting Dozier.

"Emphasizing Some Features of Acute Pyelitis in the Adult," R. H. McGinnis, M. D. Discussed by Drs. E. H. Teeter, J. C. Vinson, James V. Freeman, E. D. French, J. Knox Simpson, Wm. E. Ross, Frederick Waas, Wm. M. Davis, R. R. Kime and R. H. McGinnis.

"Hæmaturia," J. C. Vinson, M. D. Discussed by Drs. J. Knox Simpson, J. S. McEwan, E. H. Teeter, R. R. Kime, Mary Freeman, B. V. Caffee, F. Clifton Moor, James V. Freeman, John S. Helms and J. C. Vinson.

"Nephrolithiasis," J. B. Esch, M. D. Discussed by Drs. J. C. Vinson, R. R. Kime and J. B. Esch.

"The Internist and the Surgeon in Acute Abdominal Lesions," R. R. Kime, M. D. Discussed by Drs. T. S. Field, John A. Alsobrook, Frederick Waas and R. R. Kime.

"Surgical Treatment of Congenital Hypertrophic Pyloric Stenosis," John S. Helms, M. D. Discussed by Drs. James D. Love, J. H. Fellows, J. Brown Wallace, M. W. Seagears and John S. Helms.

"Artificial Pneumothorax," T. A. Neal, M. D.

The Scientific Assembly adjourned to meet at 9 a. m. the following morning.

The House of Delegates was called to order by President Wm. E. Ross at 5 p. m.

The Secretary called the attention of the delegates to that section of his report relating to the advisability of raising the annual state dues.

A general discussion of the matter took place, the following delegates entering into the discussion: Drs. M. W. Seagears, T. Z. Cason, H. Mason Smith, Graham E. Henson, John S. Helms, B. V. Caffee, J. S. McEwan, George Davis, and Mary Freeman.

It was moved by Dr. Pittman that Section 1, Chapter IX, of the By-Laws reading, "An assessment of three dollars (\$3.00) per capita on the membership of the component societies is hereby made the annual dues of the Association," be amended to read, "An assessment of five dollars (\$5.00) per capita on the membership of the component societies is hereby made the annual dues of the Association."

The motion was duly seconded and carried. In accordance with the By-Laws the President stated that the proposed amendment would lay upon the table for twenty-four hours.

Upon motion duly seconded and carried, the House of Delegates adjourned to meet upon the following day.

THURSDAY, May 13th.

The Scientific Assembly was called to order at 9 a. m., by the Chairman, Dr. W. P. Adamson.

The following papers were read and discussed:

"Otitis Media Purulent Acute and Its Sequelæ," H. Marshall Taylor, M. D. Discussed by Drs. J. B. Farrior, C. D. Christ, J. W. Taylor, M. B. Herlong, Wm. E. Ross and H. Marshall Taylor.

"Eye Symptoms in Disease of Other Parts," G. H. Hodgson, M. D.

"Treatment of Perforated Wounds of the Eyeball, With Case Report," J. W. Taylor, M. D. Discussed by Drs. J. M. Masters and J. W. Taylor.

"Removal of Foreign Bodies from Air and Upper Food Passages," L. C. Ingram, M. D. Discussed by Drs. H. Marshall Taylor, J. B. Farrior, T. Z. Cason, J. M. Masters and L. C. Ingram.

"Vertigo: An Illustrated Case," Alpheus K. Wilson, M. D.

"Diagnosis of Ectopic Gestation," Thomas Truelsen, M. D. Discussed by Drs. T. S. Field, C. D. Rollins, E. F. Teeter, Davis Forster, James V. Freeman, John S. Helms, R. R. Kime and Thomas Truelsen.

"Obstetrics as Related to Hygiene, Therapy and Surgery," Clarence D. Rollins, M. D. Discussed by Drs. B. V. Caffee, Mary Freeman, Frederick Waas, T. S. Field and Clarence D. Rollins.

The Chair announced that the hour for the election of officers had arrived and turned the meeting over to the President.

The President called for nominations for the office of President.

Dr. M. W. Seagears placed in nomination the name of Dr. W. P. Adamson, of Tampa.

The nomination was seconded by Drs. Thomas Truelsen, J. S. McEwan, J. W. Taylor and J. N. Fogarty.

It was moved by Dr. Fogarty that nominations be closed and that the Secretary cast the ballot of the Association for W. P. Adamson for President. The motion was duly seconded and carried unanimously.

The Secretary cast the ballot and Dr. Adamson was declared elected President.

The Chair appointed a committee consisting of Drs. M. W. Seagears and Thomas Truelsen to escort the newly-elected President to the chair.

Dr. Adamson expressed his appreciation of the honor conferred upon him, stated that his every effort would be for making the Association a better and a stronger one, and asked the support of every member with this end in view.

Upon recognition of the Chair, Dr. M. W. Seagears took the floor and with a few appropriate remarks presented the retiring President, Dr. Wm. E. Ross, with the Past-President's emblem of office.

The Chair called for nominations for the office of First Vice-President.

Dr. Graham E. Henson placed in nomination the name of Dr. C. C. Bohannon. The nomination was seconded by Dr. L. C. Ingram.

There being no other nominations, upon motion duly seconded and carried, the Secretary cast the ballot of the Association for C. C. Bohannon, and he was declared elected.

Dr. Henry K. Dubois placed in nomination for the office of Second Vice-President the name of Dr. George Davis.

The nomination was duly seconded; there being no other nominations, upon motion duly seconded and carried, the Secretary cast the ballot of the Association for Dr. George Davis, and he was declared elected.

Dr. M. B. Herlong placed in nomination for the office of Third Vice-President the name of Dr. J. H. Fellows.

The nomination was duly seconded; there being no other nominations, upon motion duly seconded and carried, the Secretary cast the ballot of the Association for Dr. J. H. Fellows, and he was declared elected.

The Secretary read the following telegram:

PENSACOLA, FLA., May 11, 1920.

*Dr. Graham E. Henson, Secretary Florida Medical Association, Daytona, Fla.:*

Fully realizing inability to properly discharge the duties of councillor, I beg to submit my resignation herewith as councillor First District. May I not suggest the name of Dr. S. R. M. Kennedy as my successor. I deeply regret this step, but am convinced the best interests of the Association will be considered. Best wishes for successful meeting.

J. HARRIS PIERPONT.

The following were elected to serve as councillors in their respective districts:

To fill the unexpired term of Dr. J. Harris Pierpont in the First District, Dr. H. Mason Smith.

To fill the unexpired term of Dr. E. Van Hood (deceased) in the Fifth District, Dr. H. Cutting Dozier.

Eighth District: To serve for three years, Dr. S. D. Rice.



Tenth District: To serve for three years, Dr. R. L. Cline.

Pensacola was selected as the place of meeting for 1921, the date to be selected by the Executive Committee.

Upon motion duly seconded, the General Assembly adjourned *sine die*.

---

The House of Delegates was called to order by President Adamson at 1 p. m.

The Secretary read the amendment to the By-Laws proposed by Dr. James H. Pittman, providing that Section 1, Chapter IX, of the By-Laws reading, "An assessment of three dollars (\$3.00) per capita on the membership of the component societies is hereby made the annual dues of the Association," be amended to read, "An assessment of five dollars (\$5.00) per capita on the membership of the component societies is hereby made the annual dues of the Association."

The proposed amendment was discussed by Drs. M. W. Seagears, T. Z. Cason, H. Mason Smith, Graham E. Henson, John S. Helms, B. V. Caffee, J. S. McEwan, George Davis, Mary Freeman and J. N. Fogarty.

Upon vote the amendment was adopted without a dissenting vote.

The subject of a Medical Examining Board and efforts to be made at the next meeting of the State Legislature on proposed medical legislation was brought up and provoked an interesting discussion.

Dr. J. N. Fogarty, a former member of the State Senate, delivered an impromptu address on ways and means in securing the passages of bills. He was given the close attention of all delegates. No definite action was taken by the House of Delegates, the matter of preparing bills for presentation and passage at the next session of the Legislature being left in the hands of the Committee on Legislation and Public Policy.

The committee appointed by the Chair to audit the accounts of the Treasurer and Secretary-Editor presented the following report:

*To the President and Members of The Florida Medical Association:*

GENTLEMEN — We have audited the accounts of the Treasurer and those of the Secretary-Editor and find them correct.

(Signed) JOHN MACDIARMID.  
H. MASON SMITH.

A general discussion took place relative to the advisability of abolishing the House of Delegates and placing the business affairs of the Association in the hands of the Executive Committee, this body to make recommendations to the General Association who would exercise all final action upon recommendations coming from the Executive Committee. It was practically the unanimous opinion of the House that this would not be a wise action at this time.

The term of office of Dr. John S. Helms as Delegate to the American Medical Association having expired, Dr. James V. Freeman placed in nomination the name of Dr. Helms to succeed himself.

The nomination was duly seconded and Dr. Helms unanimously elected to the office.

Dr. M. W. Seagears nominated Dr. J. N. Fogarty as alternate.

The nomination was duly seconded and Dr. Fogarty unanimously elected to the office.

Dr. Joseph Y. Porter moved the adoption of the following resolution:

Be it Resolved, That the House of Delegates of the Florida Medical Association, in annual assembly, express their appreciation of the courtesies extended to the association by the Volusia County Medical Society, the Chamber of Commerce and the individual citizens of Daytona during the sessions of the forty-seventh annual meeting, and that the earnest work of Dr. C. C. Bohannon, chairman of the local committee on arrangements, calls for an especial expression of appreciation.

The motion was duly seconded and the resolution as read adopted by a rising vote.

Upon motion duly seconded the House of Delegates adjourned *sine die*.

---

The Scientific Assembly was called to order by the Chairman, Dr. W. P. Adamson, at 2 p. m.

The following papers were read and discussed:

"Laboratory Reports," B. L. Arms, M. D. Discussed by Drs. J. M. Masters, J. L. Kirby-Smith and B. L. Arms.

"Treatment of Syphilis of the Central Nervous System," Ralph N. Greene, M. D. Discussed by Drs. H. Mason Smith, T. Z. Cason, J. C. Vinson, Louie Limbaugh and Ralph N. Greene.

"The Acute Surgical Abdomen," J. W. Alsobrook, M. D. Discussed by Drs. John S. Helms, J. Knox Simpson, M. Smith, Davis Forster, David Rose, E. F. Teeter, M. E. Heck and J. W. Alsobrook.

"Anomalies in the Symptomatology of Appendicitis," Bennet V. Caffee, M. D. Discussed by Drs. John S. Helms and Bennet V. Caffee.

"Radium Therapy," L. E. Bransford, M. D. Discussed by Drs. E. F. Teeter, John S. Helms and L. E. Bransford.

"The Treatment of Influenza-Pneumonia," Stanley Erwin, M. D., and Louie Limbaugh, M. D. Discussed by Drs. Wm. E. Ross, Graham E. Hensom and Louie Limbaugh.

"The Roentgen Diagnosis of Pleuro-Pulmonary Diseases," J. Harry Walter, M. D. Discussed by Drs. L. W. Cunningham and J. Harry Walter.

"Report of a few Experiments With Ipecac in Chronic Indigestion," Mary Freeman, M. D. Discussed by Drs. W. S. Grambling and Mary Freeman.

\*"Gastro-enteric Diseases of Childhood," M. B. Herlong, M. D.

\*"Physical Illiteracy," Grace Whitford, M. D.

Upon motion duly seconded, the Scientific Assembly adjourned *sine die*.

### PROPAGANDA FOR REFORM.

SOME MISBRANDED NOSTRUMS.—The following "patent" medicines have been the subject of prosecution by the Federal authorities: Mendenhall's No. 40 for the Blood, consisting essentially of potassium

iodid, cathartic resins, ammonium acetate, licorice, glycerin, sugar, alcohol and water; Zaegel's Lung Balsam, consisting essentially of alcohol, water, sugar and laxative including a laxative substance and a saponin; Zaegel's Lung Balsam, consisting essentially of alcohol, water, sugar and laxative plant material flavored with oil of peppermint; McGraw's Liquid Herbs of Youth, containing essentially Epsom salt, senna, red pepper, quassia, alcohol and water with wintergreen flavor; Jarabe de Abrozoin, composed essentially of terpin hydrate, menthol, benzoic acid, ammonium chlorid, sodium bromid, glycerin, alcohol, sugar and water; Kampfmueller's Rheumatic Remedy, consisting essentially of potassium iodid, plant extractives, alcohol and water; Sal-Sano, containing essentially sodium chlorid, sodium phosphate, sodium bicarbonate and sodium sulphate; Indian Wyanole, consisting essentially of chloroform, ammonia, menthol, glycerin, turpentine-like oils, alcohol and water; Gregory's Antiseptic Oil, consisting of kerosene oil with oil of cloves, cassia, and sassafras with a trace of camphor and pepper resins. (*Jour. A. M. A.*, April 17, 1920, p. 1114.)

ADULTERATED OR MISBRANDED MINERAL WATER. — Harris Spring Water, examined by the U. S. Bureau of Chemistry, was found to contain *B. coli* in small quantities, molds and liquefying organisms. Sprudel Concentrated Spring Water was found to contain bacilli of the colon group and also added salts not obtained from the West Baden Springs. American Apollinaris Mineral Water was found not to be Apollinaris Water. Robinson Spring Water was falsely claimed to be effective as a remedy for Bright's disease, diabetes, dropsy, cystitis, gout, rheumatism, indigestion, and kidney and bladder troubles. Ferro-Manganese Regent Water was falsely represented as a remedy for alcoholism, chronic rheumatism, dyspepsia, diabetes, Bright's disease, albuminuria, dropsy, sciatica and insomnia, and was not a natural spring water. (*Jour. A. M. A.*, April 24, 1920, p. 1182.)

\* Read by title.

## The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of The Florida Medical Association, St. Augustine, Florida, or 335 St. James Building, Jacksonville, Fla.

### EDITOR.

GRAHAM E. HENSON, M. D. . . . . Jacksonville

### ASSOCIATE EDITORS.

FRED J. WALTER, M. D. . . . . Daytona

R. R. KIME, M. D. . . . . Lakeland

E. W. WARREN, M. D. . . . . Palatka

### COLLABORATORS.

FREDERICK J. BOWEN, M. D., Jacksonville . . . . . Surgery

R. H. MCGINNIS, Jacksonville . . . . . Medicine

GERRY R. HOLDEN, M. D., Jacksonville . . . . . Gynecology

JAMES D. LOVE, M. D., Jacksonville . . . . . Pediatrics

W. S. MANNING, M. D., F. A. C. S., Jacksonville . . . . . Eye, Ear, Nose and Throat

J. L. KIRBY-SMITH, M. D., Jacksonville . . . . . Dermatology

B. L. ARMS, M. D., Jacksonville . . . . . Bacteriology and Pathology

L. W. CUNNINGHAM, M. D., Jacksonville . . . . . Roentgenology

### OFFICERS OF THE FLORIDA MEDICAL ASSOCIATION.

W. P. ADAMSON, M. D., President . . . . . Tampa

C. C. BOHANNON, M. D., First Vice-President . . . . . Daytona

GEORGE O. DAVIS, M. D., Second Vice-President . . . . . DeLand

J. H. FELLOWS, M. D., Third Vice-President . . . . . Pensacola

GRAHAM E. HENSON, M. D., Secretary-Treasurer . . . . . Jacksonville

### EXECUTIVE COMMITTEE.

S. M. R. KENNEDY, M. D. . . . . Pensacola

J. KNOX SIMPSON, M. D. . . . . Jacksonville

JOHN W. ALSOBROOK, M. D. . . . . Plant City

### COUNCILLORS.

FIRST DISTRICT—Escambia, Santa Rosa and Walton Counties:

H. Mason Smith, M. D., Chattahoochee . . . . . 1922

SECOND DISTRICT—Franklin, Gadsden, Jefferson, Leon, Liberty and

Wakulla Counties: F. F. Ferris, M. D., Apalachicola, 1921

THIRD DISTRICT—Columbia, Hamilton, Madison, Lafayette, Su-

wance and Taylor Counties: W. C. White, M. D., Live Oak, 1921

FOURTH DISTRICT—Duval, Clay, Nassau and St. Johns Counties:

Julian E. Gammon, M. D., Jacksonville . . . . . 1922

FIFTH DISTRICT—Citrus, Hernando, Lake, Marion and Sumter

Counties: H. Cutting Dozier, M. D., Ocala . . . . . 1922

SIXTH DISTRICT—Hillsborough, Pasco and Pinellas Counties:

Thomas Truelsen, M. D., Tampa . . . . . 1922

SEVENTH DISTRICT—Brevard, Orange, Osceola, St. Lucie and

Volusia Counties: Calvin D. Christ, M. D., Orlando . . . . . 1922

EIGHTH DISTRICT—Alachua, Baker, Bradford, Levy and Putnam

Counties: S. D. Rice, M. D., Archer . . . . . 1923

NINTH DISTRICT—Calhoun, Holmes, Jackson and Washington

Counties: C. H. Ryalla, M. D., Dellwood . . . . . 1921

TENTH DISTRICT—DeSoto, Lee, Manatee and Polk Counties: R.

L. Cline, M. D., Arcadia . . . . . 1923

ELEVENTH DISTRICT—Dade, Monroe and Palm Beach Counties:

W. R. Warren, M. D., Key West . . . . . 1921

### COMMITTEE ON SCIENTIFIC WORK.

M. W. SEAGEARS, M. D. . . . . St. Augustine

J. B. WALLACE, M. D. . . . . Tampa

J. HARRIS PIERPONT, M. D. . . . . Pensacola

### LEGISLATION AND PUBLIC POLICY.

J. N. FOCARTY, M. D., Chairman . . . . . Key West

W. L. HUGGLET, M. D. . . . . Cocoa

Wm. M. ROWLETT, M. D. . . . . Tampa

F. J. WALTER, M. D. . . . . Daytona

E. W. WARREN, M. D. . . . . Palatka

## THE FORTY-SEVENTH ANNUAL MEETING.

The Forty-seventh Annual Meeting of the Florida Medical Association was held at Daytona, May 12th and 13th. It will go down in the medical history of the state as the most successful meeting organized medicine has ever held in the state. "Make it snappy" was the prevailing spirit from the moment the Association was called to order by the Chairman of the Local Committee on Arrangements. All in attendance will agree that those having in charge the conduct of the affairs of the meeting were successful and that it was "snappy" from the word go. Dr. C. C. Bohannon, the Chairman of the Local Committee, and his associates had everything well in hand for the comfort and the entertainment of visiting members and their ladies. The hotel accommodations, meeting places and everything pertaining to the carrying on of the meeting were all that could have been asked for. For those unfortunate enough to be unable to have arranged their affairs to attend the meeting we have nothing but sympathy and hope to see them at the Pensacola meeting next year.

The newly-elected President, Dr. W. P. Adamson, of Tampa, needs no introduction to the profession of the state. He is a gentleman of pleasing personality and of scientific attainment, one of the type that is always recognized and honored by his confreres when the opportunity presents itself. He is an enthusiastic worker and for many years has been faithful in advancing the interests of organized medicine in the state. Under his leadership the Florida Medical Association will make undoubted progress during the coming year.

The choice of Pensacola as the next place of meeting was a wise selection. Pensacola was there and was not to be denied. They are already at work making plans for a meeting even surpassing the one just held in Daytona.

The House of Delegates unanimously voted to raise the state dues from three to five dollars. This was another wise move,

**Next Meeting—Pensacola—May, 1921**



the cost of production, be it clothes, food, fuel or medical journalism, has increased to the point that it is useless to try and produce the same article on the same cost basis. Let every member of the Florida Medical Association do his share of the burden and we can soon have an organization twice as strong as it is at the present writing. For too many years the enthusiasm has been too largely confined to the two or three days we have been in annual session, too much on the order of the man with religion as manifested by church attendance on Sunday and doing all he can to clean out his associates the other six days in the week. Bear in mind that organized medicine in Florida or in any other state can be made just as strong as the individual member wishes to see it, just so strong and no stronger. Let's go. G. E. H.

#### PEDIATRICIANS OF THE STATE ORGANIZE.

While in attendance on the last meeting of the Southern Medical Association in Asheville, pediatricians of the South met at a supper and passed resolutions looking to the advancement of pediatrics. Pursuant to these resolutions pediatric societies are now being organized in practically all the states of the South and are operating, for the most part, in connection with State Medical Associations.

By perfecting in every state organizations composed of physicians who are interested in better pediatrics it is hoped that a real enthusiasm for this branch of medicine may be awakened.

It is believed that health matters throughout the state may be bettered through an organized body of men competent to handle problems in connection with the health and welfare of children. It is believed that such an organization can assist materially in the execution of health laws and can effectively cooperate with health officials and others interested in child welfare.

During the meeting of the Florida Medical Association held at Daytona a section on pediatrics was formed.

Dr. James D. Love, of Jacksonville, was named as Chairman and Dr. M. B. Herlong, of Jacksonville, as Secretary.

#### THE VALUE OF MILITARY SURGERY IN CIVILIAN PRACTICE — RESULTS OF ANOCIATION IN REDUCING MORTALITY.

In addressing the seventy-third annual meeting of the Ohio State Medical Association (*Journal O. S. M. A.*, September, 1919, page 541), George W. Crile, of Cleveland, emphasized the value of anociation in reducing operative mortality.

"The Interallied Surgical Conference," said Dr. Crile, "adopted as one of its conclusions that in the treatment of wounded soldiers the anæsthetic of choice is nitrous oxide-oxygen combined with local anæsthesia. Among the evidence offered in support of this tenet Surgeon-General Sir Anthony Bowlby presented the work of one of the most brilliant British military surgeons, Captain Douglas C. Taylor, and the work of the Chief of the Anæsthetic Service of the British Army, Captain Gregory Marshall. The experience of Captain Taylor I am privileged to quote. He has summed it up as follows:

"Until the summer of 1917 my colleague, Captain G. Marshall, invariably gave ether for my laparotomies for gunshot wounds of the abdomen. No series of 100 consecutive cases showed a recovery rate of much over 50 per cent.

"During the summer and autumn of 1917, I did 101 laparotomies for abdominal wounds, and nearly half of them were given nitrous oxide and oxygen combined with infiltration of the abdominal wall with eucain and novocain. The more serious cases, *i. e.*, those with rapid pulse and low pressure, were nearly all done by this method.

"Of this series, 27 died at the Casualty Clearing Station, and 74 were evacuated to the Base; of the latter there have been only two deaths, both from secondary hemorrhage—one from the kidney and the other from the rectum and buttock."

That is, by the employment of anociation, Captain Taylor's mortality rate was reduced from approximately 50 per cent to 29 per cent.

Captain Marshall has demonstrated that patients may apparently do well during ether anaesthesia, but do badly afterward, while they do well both during and after nitrous oxide-oxygen anaesthesia.

The experience on a large scale of the resuscitation teams from the Lakeside Unit which served continuously throughout Field Marshall Haig's great offensives in Flanders in 1917, during which there were over 800,000 casualties, showed that in abdominal operations somewhat better results were obtained if, before the beginning of the operation, sufficient blood were transfused to permit a safe performance of the operation; and again at the completion of the operation an ample amount of blood up to 750 c.c. were given. Furthermore, if a let-down appeared later, the transfusion might be repeated. Meanwhile the advantages of comfort, rest, warmth, morphia and fluids were added.

The advantages of the nerve-blocking are further emphasized by Colonel Cabot's series of 180 amputations of the thigh, one-half under ether, and one-half under spinal anaesthesia, with a reduction of mortality by the use of spinal anaesthesia of 50 per cent; while Captain Taylor by the use of nitrous oxid-oxygen reduced his mortality rate for thigh amputations more than 200 per cent.

*A Note on the Value of Nitrous Oxid-Oxygen Anaesthesia in War Surgery.*

Reporting to the Southern Medical Association on his experiences with anaesthesia in war surgery, Dr. Addison G. Prenizer, of Charlotte, N. C., formerly Chief of Surgical Service, Base Hospital No. 6, A. E. F., says that nitrous oxid-oxygen was used only between September 10 and November 14, 1918, not that the surgical staff did not prefer it, but because the Unit was late in receiving its apparatus and was not able to secure more gas when the first supply was exhausted.

Publishing his observations (*Southern*

*Medical Journal*, October, 1919), Prenizer explains that:

"During the 65-days period anaesthetics were given as follows: Ether, 473; nitrous oxid-oxygen, 341; local, 87; chloroform, 7; total, 908.

"We have used ether overwhelmingly over other anaesthetics, quite a number of infiltration anaesthetics with novocaine and cocaine and but little chloroform. We have rarely used ethyl chlorid as a general anaesthetic, but have used it locally for small incisions. There was but one death we could attribute to an anaesthetic and that was a death from chloroform in unskilled hands.

"The tranquillity of the patient, the rapidity and ease of induction, the rapidity of recovery and the safety withal gives nitrous oxid-oxygen quite an advantage over the other anaesthetics in the first and second stages of anaesthesia, especially in cases where an absolute muscular relaxation is not needed. Even when ether is superimposed for deeper anaesthesia, the amount is reduced to a minimum to maintain the period of relaxation.

"The types of cases where gas-oxygen is most valuable are: (1) Shock cases; (2) cases where operation is to be of short duration; (3) cases where the condition is profoundly bad and the post-operative period treacherous; (4) chest cases, with the exception of those liable to show hemorrhage, and (5) infection of the respiratory tract.

"Gas-oxygen is of great value in war surgery since the greater number of delayed primary and secondary suture of wounds can be made with the use of this anaesthetic alone.

"The special advantages of gas-oxygen in war surgery are:

"(1) Ease and rapidity of inducing anaesthesia, thus preventing a struggle, enabling the immediate beginning of the preparation of the field of operation and the carrying on of several parallel operations without the one disturbing or distressing the other.

"(2) Rapid recovery and rapid exchange of patients between operating room and ward.

"(3) The relief from the care of recovering patients on the wards and the consequent liberation of the personnel for other duties.

"All these points are important when the large number of secondary wound closures are considered, as many as sixty in a single day.

"The comfort of the patient is a decided point. There was no death nor injury from this anæsthetic."

## AMERICAN COLLEGE OF SURGEONS.

FRANKLIN H. MARTIN, M.D., F.A.C.S.

### I. INTRODUCTORY

Since the inception of the American College of Surgeons, its organizers have had in mind that the College should become comprehensively American, eventually including in its Fellowship all worthy surgeons of the American continents.

During 1914 and 1915 a preliminary correspondence with the surgeons of South America was entered into by the office of the College, under the guidance of a special Spanish-speaking secretary, who conducted the correspondence in Spanish. This was undertaken as a precursor of a visit that was to be made in the winter of 1915-1916. The European War, which was threatening the usefulness and safety of the shipping routes of the Western Hemisphere, coupled with our own interest in the conflict, compelled us to postpone further thought of an immediate visit to the southern continent.

Upon the signing of the armistice, it became apparent that, with the educational institutions of Europe disorganized and European travel discouraged, this time was particularly opportune for the revival of our plans to visit the surgeons of the various countries of our own South America.

The suggestion came almost simultaneously from our President, Dr. W. J. Mayo, and other members of the Board of Regents of the College, and with an assurance on the part of the President that he personally would make the trip, our correspondence was

hurriedly revived, travel arrangements promptly made, and January 7th set as the time for our departure.

On December 20th, the Secretary-General laid the tentative plans before the Board of Regents, and they were received with hearty approval. As a preliminary, committees of surgeons in Peru, Chile, Argentina, and Uruguay were selected, and we communicated to the individual members of each committee the object of our contemplated visit, informing them at the same time of the approximate time of our arrival. The following extract from this correspondence will reveal more definitely our plans:

" \* \* \* The principal object of our tour is to enlist the interest of the surgical profession of your countries in the American College of Surgeons, with the idea of ultimately extending to the surgeons of South America an invitation to become Fellows of the College.

\* \* \* Could you arrange to have a small group of from five to ten of your surgeons meet with us at the time of our visit to discuss our problem? Fellowship in the American College of Surgeons is open to all general surgeons and surgical specialists. \* \* \* Therefore, in selecting the group for the preliminary conference, you may take into consideration these specialties. \* \* \*

"At our conference we would suggest that the following matters should be considered:

"1. As a means of promoting a closer affiliation between the professions of the South and North American continents, will the surgeons of your country desire to become Fellows of the American College of Surgeons on an equal basis with the surgeons of North America?

"2. Should you favor such affiliation, will you have prepared in advance and furnish to us at our conference a carefully selected list of the eminent surgeons of your country, who, because of their standing in the profession, should be recommended for Fellowship in the College without examination?

"3. Will you be prepared to suggest to us at the conference a plan that will aid in bringing about a closer relationship between the



surgeons of your country and the surgeons of the United States and Canada?"

"In order that you may become familiar with the organization of the American College of Surgeons and may have some knowledge of the personnel of its officers and Fellows, we are mailing you a copy of our directory. \* \* \*"

Upon viséing our passports, the several South American consuls imparted to their respective ambassadors in Washington information in reference to our contemplated visit. The Pan American Union in Washington secured facts regarding our plans and proceeded to make the occasion the subject of diplomatic correspondence.

Before leaving New York, the president and secretary-general of the College received letters from Mr. Lansing, Secretary of State, commending our proposed trip and informing us that he had communicated concerning the subject with the United States ambassadors in the capitals of the countries included in our itinerary.

Letters were also received from the ambassadors to the United States from Peru, Chile, Argentine, and Uruguay, stating that they had cabled to their respective governments the facts concerning our contemplated mission.

On January 7th the president and the secretary-general of the College, with their wives, sailed from New York on the S. S. "Ebro," an 8,000-ton steel ship flying the British flag. The itinerary included Jamaica, Panama, Peru, Chile, Argentine, and Uruguay.

From the standpoint of the surgeon, the trip had interest in the medical schools, the hospitals, and the operating surgeons of the four countries of this southern continent that we were privileged to visit. The short time at our disposal and the difficulties of transportation made it impossible for us to include Brazil and the several other South American countries. However, visits to these countries will be undertaken as soon as proper arrangements can be made. This trip, undertaken as a purely professional one in behalf of the American College of Surgeons, cannot be

properly described without relating some of the unusual personal experiences we enjoyed.

## II. THE VOYAGE

It is an ordinary experience to board an ocean liner and be deposited in one week in Liverpool or Cherbourg. It is, however, an *unusual* experience for a North American to board a commodious steamer for a long sea voyage of six weeks to our southern continent. Especially is it unusual when one leaves Rochester, Minnesota, and Chicago in January, with the temperature ranging from zero to ten degrees below, with the necessity for winter garments, and finds oneself three days out of New York in the warm Gulf Stream, with the tropics in anticipation, and summer clothing in demand.

We sailed from New York on January 7th, and anchored in Valparaiso harbor on February 1. With a few intervening stops at interesting ports, this represented the first arm of the sea voyage which may be summarized by the one word "ideal." At no time was there a sea of sufficient roughness to cause one the slightest discomfort. The sun shone almost continuously, and there was but one rainfall, and that in the small hours of the morning when the ship's voyagers were asleep. After passing Cape Hatteras the temperature on shore or ship was at no time above 85° F. or lower than 50°. It was possible to sit on deck at all times with light wraps or none at all, and, fanned by a cool breeze that was always present, read a book, dream over a cigar, or while away the time enjoying the companionship of old friends or those newly made, and at any time supply the inner man with the good things which were afforded by the well-equipped ship which was sailing a sea that was always "wet." The climate for six long weeks was like the most perfect June day in Chicago, when a gentle breeze is blowing from off the lake. Considering these ideal weather conditions, and our splendid boat with canvas canopies over the broad decks, with much space in which to exercise, with comfortable chairs, with music in the lounge, with a well-stocked smoking room, with salt and fresh baths, with a swimming pool, and,

to cap all, with comfortable beds and the unusual, clean, plain table of a well-conducted English ship, supplemented by strange fruits from tropical parts, one would have to be especially difficult to please if he could not find here contentment and satisfaction. It must become the overworked and the tired man's paradise.

(*To be concluded.*)

---

## NEW AND NONOFFICIAL REMEDIES.

**ANESTHESIN-CALCO.** — A brand of benzocaine complying with the N. N. R. standards (see New and Nonofficial Remedies, 1920, p. 33. Calco Chemical Company, Boundbrook, N. J.

**GONOCOCCUS VACCINE (POLYVALENT; GILLILAND).** — A gonococcus vaccine (see New and Nonofficial Remedies, 1920, p. 283) prepared from a number of strains of *M. gonorrhoea* Neisser. Marketed in packages of four syringes containing, respectively, 250, 500, 1,000 and 2,000 million killed gonococci; also in packages of four 1 c.c.

ampules containing, respectively, 250, 500, 1,000 and 2,000 million killed gonococci. The Gilliland Laboratories, Ambler, Pa.

**OVARIAN RESIDUE-HOLLISTER-WILSON.** — The residue from the fresh ovary of the hog, after the ablation of the corpus luteum. It is used for the same conditions as the entire ovarian substance (see New and Nonofficial Remedies, 1920, p. 201), but is claimed to be somewhat more stable. Hollister-Wilson Laboratories, Chicago. (*Jour. A. M. A.*, March 6, 1920, p. 675).

**PHENACAINE.—HOLOCAINE HYDROCHLORIDE.** — The hydrochloride of phenetidyl-acetparaphenetidine and acetparaphenetidine. Phenacaine was first introduced as holocaine hydrochloride. It is a local anæsthetic like cocaine, but having the advantage of a quicker effect and an antiseptic action. Five minims of a one per cent solution when instilled into the eye are usually sufficient to cause anæsthesia in from one to ten minutes.

**PHENACAINE-WERNER.** — A brand of phenacaine complying with the N. N. R. standards. Werner Drug and Chemical Company, Cincinnati, Ohio. (*Journal A. M. A.*, March 27, 1920, p. 889.)

---

## PUBLISHER'S NOTES

Wilbur F. Cannon, Colorado's pure food and drug commissioner, has prepared the following article for reproduction in several eastern magazines:

"It seems that it is the consensus of opinion now among authorities that pellagra, which has been so prevalent in the southern states, is caused by some error of diet. Some food is eaten in excess, that lacks the necessary constituents to promote good health, or else some food is eaten which has had the desired elements extracted or destroyed. Scientists are groping blindly in the dark with as yet only a measure of success in finding what the trouble is.

"They have about concluded that it is caused by the lack of an element called vitamins.

### THEY ARE A MYSTERY.

"Nobody knows exactly what vitamins are. No one has been able yet to catch one. None is on exhibit in the national museums. But, still, it is known that they exist.

"It is pretty definitely understood that vitamins do exist and that the lack of them produces pellagra. In endeavoring to ascertain what particular food is lacking peculiar substance we arrive at conclusions by eliminating one food after another, and then taking up another for consideration.

"At the present time, selfrising flour is under consideration. This flour is considerable of a fake. Its price is out of all proportion to its intrinsic value. It's a lazy woman's delight. Any woman who is fool enough to pay the flour trust 10 to 20 per cent more for

a bag of flour because she is too lazy to put a teaspoonful of baking powder in a quart of flour ought to have the pellagra. In fact, she ought never to be on speaking terms with vitamins.

#### ORDINARY FLOUR.

"Selfrising flour is simply ordinary flour containing a certain per cent of phosphate of lime, or burnt alum, or both, and bicarbonate of soda. These are just the ingredients that are used in baking powder. The only difference is that in baking powder the water is dried out of all of its ingredients and they are kept dry in a tin can.

"When they are put in the selfrising flour, however, the flour contains a great deal of moisture and, in a warm climate like in the southern states, when brought into contact with certain elements resembling nitrous acid in the flour, caused by bleaching, the phosphate of lime, or burnt alum, being dampened and warmed by moisture in the flour, and in the climate, attacks the bicarbonate of soda, decomposition takes place and the carbonic acid gas escapes through the flour.

"It is thought that perhaps this slow process of decomposition, or sweating, might result in robbing the flour of its vitamins and thus producing and spreading pellagra. Until this is satisfactorily determined, we should take no chances, unless we desire to swell the coffers of the flour trust."—*Denver Express*.

---

#### HORLICK'S, THE ORIGINAL MALTED MILK.

The many advantages of Horlick's, the Original Malted Milk, as a nutritious diet in the treatment of infectious diseases, and especially influenza, have again been fully demonstrated in its extensive use during the recent epidemic of this disease.

This widely-known product is a complete well-balanced food—a nutritive combination of whole milk and the soluble extracts of malted grain in powder form, which nourishes the body with minimum strain upon the gastro-intestinal tract. In manufacturing Horlick's Malted Milk only clean, rich milk

and the extracts of selected malted grain are used. It is soluble in water, requires no cooking, or addition of milk. It is prepared in a minute and the busy nurse or doctor especially appreciates the nourishing and refreshing properties of a glassful, either hot or cold, when on a long tedious case of night duty. It invigorates, energizes the system, and relieves fatigue.

The name "Horlick's" is your guarantee of quality, service, and dependability. It has been used for over one-third of a century and has proved so successful in the dietetic treatment of a wide range of medical and surgical cases that it has won the endorsement of thousands of the medical profession, and consequently, is being used by the most prominent physicians and institutions all over the country. It is conceded to have the widest range of usefulness of any food-product on the market today.

Malted Milk was originated by Horlick of Racine, Wisconsin, who, in 1883, discovered the process for reducing whole milk to a powder form, combined with the soluble extracts of malted grain, and devised the name "Malted Milk." For over twenty years Horlick's Malted Milk was the only Malted Milk in the world. After "Horlick's" had made Malted Milk a success, various imitations then appeared upon the market.

Prescribe—Horlick's Malted Milk—to insure your patients getting the Original product.

---

The medical and dental professions of the United States will be interested to know that the Frank S. Betz Company, of Hammond, Ind., who recently opened a complete exposition and salesroom at 6 and 8 West 48th street, New York City, have purchased the entire stock and business of the Crown Surgical Instrument Co., located on Eighth avenue, near Forty-ninth street, and will retain the services of the entire Crown Surgical Co.'s organization, including Mr. A. G. Roberts, who will manage the new Betz's store at 6 and 8 West 48th street.

The Crown Surgical Instrument Co. was



organized seventeen years ago by Mr. A. G. Roberts. The business was developed to the very highest standards, and the house enjoyed a reputation for the quality of its products and service, and established it as one of the leading surgical supply houses of the world.

The Frank S. Betz Co. has heretofore operated on a direct mail-order basis. The demands of the medical and dental professions are such that it was necessary to give

personal service to the New York physicians and dentists, and the store at 6 and 8 West 48th street was opened for this purpose.

With the unlimited manufacturing facilities of the Frank S. Betz Co.'s plant at Hammond, Indiana, combined with the cooperation and good-will of the Crown Surgical Instrument Company, in New York City, the medical and dental profession can be assured of the very best service and the highest quality of merchandise.

## DOCTOR MARVIN SMITH

OF

JACKSONVILLE, FLORIDA

ANNOUNCES THE OPENING OF HIS

PRIVATE SANITARIUM AND DIAGNOSTIC INSTITUTE

HE HAS ASSOCIATED WITH HIM AS A DIAGNOSTIC STAFF:

W. Herbert Adams, M. D.  
Frederick Bowen, M. D.  
W. P. Dey, M. D.  
Lynwood Evans, D. D. S.

Ralph N. Greene, M. D.  
Herman H. Harris, M. D.  
R. L. Harris, M. D.  
Graham E. Henson, M. D.

J. L. Kirby-Smith, M. D.  
R. E. O'Hara, D. D. S.  
C. D. Rollins, M. D.  
A. K. Wilson, M. D.

## SAINT ALBANS SANATORIUM

RADFORD, VIRGINIA

**Chronic Medical, Neurological, Mild Mental  
and Addict Cases**

An ethical institution, located in the heart of the blue-grass section of Virginia, 2,000 feet above sea level. Completely equipped for diagnosis and treatment. Two large colonial brick buildings, 100-acre farm. Two physicians devote their entire time to the patients. The nurses are specially trained for the work. Excellent railway facilities. Beautiful scenery and surroundings. An ideal place for the nervous types from the far Southern States to summer. Rates reasonable. Correspondence solicited.

J. C. KING, M. D.  
JOHN J. GIESEN, M. D.

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

## GENERAL INDEX.

## A

- Abdominal symptoms, Diagnosis of Upper.... 132  
 Ani, Pruritus ..... 203  
 Anorexia nervosa complicated by vomiting and  
 pain: A new point in diagnosis and a new  
 method of treatment ..... 58  
 Atypical syphiloderms ..... 63

## B

- Biologics, The use and abuse of..... 60  
 Blood pressure observation in surgical prog-  
 nosis, The importance of..... 190  
 Botulinus poison never present in sound food.. 191

## C

- Camp service moves with unflagging zest..... 25  
 Cancer department  
     22, 49, 79, 104, 127, 144, 160, 175, 206  
 Cardio-Vascular depression, Standardizing the  
 conception of ..... 173  
 Cataract, The medical and surgical treatment of  
 senile ..... 35  
 Causes of death, Principal ..... 28, 188  
 Clinics for trachoma treatment, Free..... 214  
 Community health, Organizing for..... 8  
 Correction, A ..... 61  
 Council on Health and Public Instruction..... 166  
 Crippled, Justice for the ..... 25

## D

- Dacrocystitis and its treatment, Chronic..... 45  
 Death, Principal causes of..... 28, 188  
 Diagnosis of upper abdominal symptoms..... 132  
 Doctor and the druggist, The..... 138  
 Druggist and the doctor, The..... 138

## E

- Ectopic gestation, The treatment of..... 116  
 Editorials:  
     Accepted by the Council on Pharmacy and  
     Chemistry ..... 67  
     Anaesthesia Research Society, The National. 180  
     Asheville meeting of the Southern Medical  
     Association, The ..... 108  
     Anthrax ..... 85  
     Bacchus, The new ..... 145  
     Bonds not necessary for physicians..... 210  
     Calder bill—A vicious measure, The..... 84  
     Colitis, The diagnosis of tuberculous..... 48  
     Contagious diseases, Hospitals for..... 125  
     Diphtheria, A quarter century of serum  
     therapy in ..... 146  
     Disabled soldiers ..... 199  
     Florida's medical laws ..... 207  
     Forty-seventh annual meeting, The..... 207, 228  
     Influenza ..... 109, 163  
     Influenza of 1918 and 1920..... 211  
     Inheritance of acquired characters, The.... 85

- Modern diagnosis, The complexity and cost of 124  
 Nutrition and sex expression..... 68  
 Oat as human food, The..... 126  
 Osler at seventy, Sir William..... 19  
 Physicians and statistics ..... 123  
 Plague, The menace of the..... 110  
 Pneumothorax, Artificial ..... 82  
 Politics plays with public health..... 110  
 President-elect, Surgeon General William C.  
     Braisted ..... 21  
 Rockefeller's gift, John D..... 108  
 Saccharin, The alleged food value of..... 111  
 Southern Medical Association, The..... 82  
 Spinal fluid, Diagnostic value of examination  
     of the ..... 179  
 Spoiled canned food ..... 86  
 State Health Officer, The new..... 17  
 Tuberculous colitis, The diagnosis of..... 48  
 Years and powers ..... 198

- Embarkation, Experiences of an orthopedic sur-  
 geon at a port of..... 94  
 Endowment fund gifts announced..... 213  
 Era, The new ..... 220  
 Extraction of ureteral stones by non-cutting  
 methods, The ..... 153

## F

- Florida Medical Association, Preliminary pro-  
 gram of the annual meeting of the..... 185  
 Florida Railway Surgeons' Association, Program  
 of the ..... 186  
 Fraudulent "Cures" for venereal diseases..... 70

## G

- Government needs physicians ..... 164

## H

- Harrison law, The physician and the..... 154  
 Health and Public instruction, Council on..... 166  
 Health, Cornerstones in foundation of..... 23  
 Health of all mankind, For..... 216  
 Health, Organizing for community..... 8  
 Health statistics of the summer of 1919, Favor-  
 able ..... 182  
 Hospitals, Third survey of ..... 92  
 Human embryological material, An appeal for 111

## I

- Income tax, The professional man's..... 164  
 Influenza, A brief study of..... 1  
 Influenza and its relation to pregnancy, A few  
 thoughts on ..... 150

## J

- Justice for the crippled ..... 25

## M

- Meat packing plant, A modern ..... 128  
 Medical and surgical relief for war heroes.... 96  
 Midwife obstetrics ..... 39  
 Military relief men, Hark ye..... 51  
 Museum of American Red Crossiana..... 78

N		Reproduction .....	202
New Era, The .....	220	Roentgen diagnosis in its broader application..	62
New and Nonofficial Remedies		Roll call of Americanism .....	71
31, 54, 72, 92, 112, 129, 147, 166, 183, 200,	233	S	
Nurse, The qualified .....	113	Seminal vesiculitis .....	41
Nurses listed, Nearly 4,000.....	146	Senile cataract, The medical and surgical treat- ment of .....	35
O		Service, The privilege of.....	181
Obstetrics, Midwife .....	39	Stomach, Some remarks concerning motor in- sufficiency and dilation of the—With thera- peutic suggestions .....	170
Obstetrics, There should be more care and indi- viduality given to .....	168	Stricture of the ureter, with report of two inter- esting cases .....	55
Occupational therapy restoring wounded.....	52	Surgical cases, Report of.....	187
One, two, three—Go.....	87	Survey of hospitals, Third .....	92
Orthopedic surgeon at a port of embarkation, Experience of an.....	94	Syphilis, The Wassermann test as a control in the treatment of .....	75
P		Syphiloderms, Atypical .....	63
Pediatricians of the state organize.....	229	T	
Physician and the Harrison law, The.....	154	Trachoma treatment, Free clinics for.....	214
Pregnancy, A few thoughts on influenza and its relation to .....	150	Therapeutic response between the Caucasian and Afro-American, Some differences in.....	118
Presidential address .....	140, 220	Tuberculous problems, Present .....	213
Principle causes of death .....	28, 188	U	
Proceedings of the forty-seventh meeting of The Florida Medical Association .....	222	Ureteral stones by non-cutting methods, The ex- traction of .....	153
Proctologic society, American .....	155	Ureter; With report of two interesting cases, Stricture of the .....	55
Program of the annual meeting of the Florida Medical Association, Preliminary .....	185	V	
Program of the annual meeting of the Florida Railway Surgeons' Association.....	185	Venereal disease campaign, Government wants workers in .....	92
Propaganda for Reform		Venereal diseases, Fraudulent "Cures" for....	70
12, 33, 45, 65, 81, 107, 120, 143, 162, 176, 192, 200,	227	Venereal diseases, The public understanding and misunderstanding of them.....	43
Pruritus ani .....	203	Vesiculitis, Seminal .....	41
Public Health Association to celebrate fiftieth anniversary, American .....	213	Vitamine content .....	50
Public Health Association to meet in New Orleans, The American .....	70	W	
Publisher's Notes		Wanted: One million workers.....	71
34, 73, 93, 112, 131, 149, 167, 184, 201, 219, 233		War risk insurance .....	182
Q		Wassermann test as a control in the treatment of syphilis, The .....	75
Qualified Nurse, The .....	113		
R			
Red Cross Community Nurse, From the diary of a	90		
Reinstatement, Important new decision on.....	89		

## INDEX OF AUTHORS.

Adams, W. Herbert.....	35	Kirby-Smith, J. L.....	63
Alsobrook, J. W.....	94	MacDonell, Wm. W.....	39
Arms, B. L. ....	60	Mayo, Wm. J. ....	140
Bickerstaff, J. H.....	168	Niles, George M. ....	118, 170
Blocker, L. DeM. ....	202	Perrett, J. M. ....	1
Boyd, John E. ....	113	Peters, Edgar .....	41
Cox, O. H. ....	8	Ross Wm. E. ....	220
Cunningham, L. W. ....	62	Simpson, J. Knox.....	55
Dozier, Henry C. ....	132	Smith, Marvin H. ....	58
Halton, Jack .....	203	Truelsen, Thomas .....	116
Hankins, W. M. ....	13	Whitford, H. E. ....	43
Henson, Graham E. ....	75	Wilson, Alpheus K. ....	45
Kime, R. R. ....	187		



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

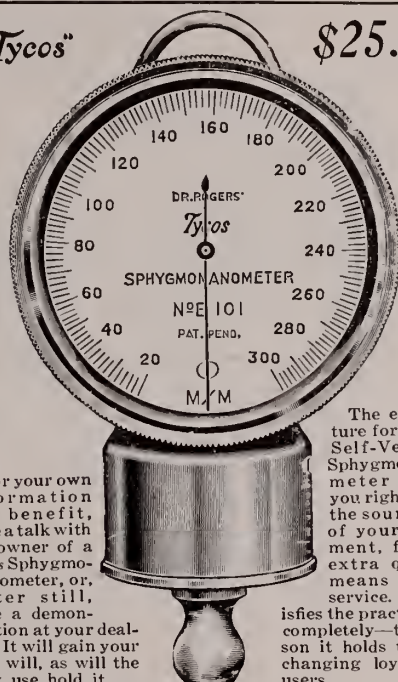
For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street PHILADELPHIA, PA.

"Tycos"

\$25.00



For your own  
information  
and benefit,  
have a talk with  
the owner of a  
Tycos Sphygmo-  
manometer, or,  
better still,  
have a demon-  
stration at your deal-  
er's. It will gain your  
good will, as will the  
daily use hold it.

The expendi-  
ture for a Tycos  
Self-Verifying  
Sphygmomanom-  
eter makes you  
rightly feel the  
soundness of  
your judgment,  
for the extra  
quality means  
extra service. It  
satisfies the prac-  
titioner com-  
pletely—the rea-  
son it holds the  
unchanging loyalty  
of users.

*Taylor Instrument Companies*  
ROCHESTER, N. Y.

There's a Tycos and Taylor Thermometer for every purpose.  
Tycos Urinary Glassware 701 Tycos Fever Thermometers

## SHERMAN'S BACTERIAL VACCINES

*EFFICIENT  
DEPENDABLE*

*Write for Literature.*

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**  
DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

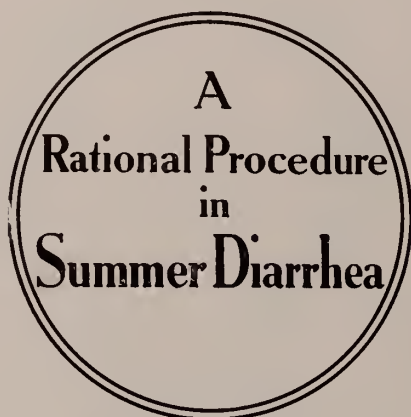
ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line,  
ten miles from the center of the city, near a beautiful  
suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns.  
Buildings are steam-heated, electrically lighted, and  
many rooms have private bath. Building for mental  
patients absolutely fireproof. Every equipment for the  
scientific treatment of patients

Address: Dr. JAMES N. BRAWNER  
701-02 Grant Building ATLANTA, GEORGIA



# For Infants of any age

Mellin's Food

*4 level tablespoonfuls*

Water (boiled, then cooled)

*16 fluid ounces*

Give one to three ounces every hour or two, according to the age of the baby, continuing until stools lessen in number and improve in character.

Milk, preferably skimmed, may then be substituted for water—one ounce each day—until regular proportions of milk and water, adapted to the age of the baby, are reached.

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar*,  
Calhoun and Lucas Streets,  
Charleston, S. C.

Session opens  
September 29th, 1919.

This  
Gives  
Relief



to tired, aching feet, tender heels, cramped toes and bodily fatigue caused by weak or fallen arch. It is light in weight, self adjusting and easy to wear, affording just the right pressure at the right spot and is indicated in those cases of early foot strain or in incipient flat-foot.

Specify Dr. Scholl's Foot-Eazer which is only one of the many

## *Dr Scholl's* *Corrective Foot Appliances*

Leading shoe dealers in all parts of the world are now prepared to follow physicians' instructions as regards application and adjustment, as they have been instructed through our educational course of training in Practipedics.



Write for copy of valuable pamphlet, "Foot Weakness and Correction for the Physician," and chart of corrective foot exercises as recommended by Medical Department, U. S. A.

**The Scholl Mfg. Co.**

213 W. Schiller Street  
Chicago, Ill.

NEW YORK

TORONTO

LONDON



# In Many a Hurry Call

The doctor will find Thromboplastin solution (*Armour*) a most convenient thing to have in his case. It is a specific hemostatic and acts promptly.



## Thromboplastin Solution (*Armour*)

is made from the brains of kosher-killed cattle and is standardized physiologically on oxalated blood, is guaranteed to be of full therapeutic strength and is sold in dated packages—25 c. c. vials.

## Pituitary Liquid (*Armour*)

is the physiologically standardized solution of Posterior Pituitary and is absolutely free from chemical preservatives.

A small dose is suggested for obstetrical work—1 c. c. ampoules. Boxes of 6.

For surgical work 1 c. c. ampoules. Boxes of 6. As manufacturers of the endocrine gland and other organo-therapeutic agents our facilities are at the service of the medical profession.

Armour's Sterilized Catgut Ligatures are offered in standard (60 inch) and emergency lengths (20 inch) plain and chromic.

**ARMOUR & COMPANY**  
CHICAGO

## Prescribe "Horlick's" for your patients convalescing from Influenza and concurrent epidemics.

It has been successfully used over a third of a century in anemic and run-down conditions, and is today extensively endorsed by the medical profession in the feeding of INFANTS, nursing mothers and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

*Avoid imitations by specifying*

**"HORLICK'S"**  
THE ORIGINAL MALTED MILK  
this is the package



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street PHILADELPHIA, PA.

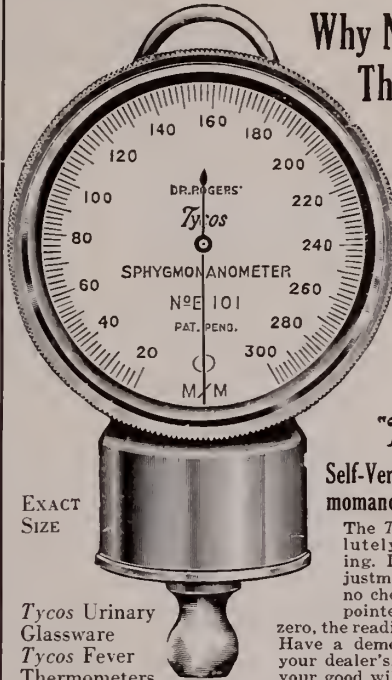
## SHERMAN'S BACTERIAL VACCINES

*EFFICIENT  
DEPENDABLE*

*Write for Literature.*

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**  
DETROIT, MICH., U. S. A.



EXACT  
SIZE

*Tycos Urinary  
Glassware  
Tycos Fever  
Thermometers*

There's a *Tycos* and  
Taylor Thermometer  
for every purpose.

Why Not Have  
That Satis-  
faction?

of knowing  
your blood  
pressure  
readings  
are taken  
with an  
instrument  
that proves  
its  
readings? That  
instrument is the

*"Tycos"*

Self-Verifying Sphyg-  
momanometer, \$25

The *Tycos* is abso-  
lutely self-verify-  
ing. It has no ad-  
justments; requires  
no checking. If the  
pointer returns to  
zero, the reading is correct.  
Have a demonstration at  
your dealer's. It will gain  
your good will, as will the  
daily use hold it.

*Taylor Instrument Companies*  
ROCHESTER, N. Y.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line,  
ten miles from the center of the city, near a beautiful  
suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns.  
Buildings are steam-heated, electrically lighted, and  
many rooms have private bath. Building for mental  
patients absolutely fireproof. Every equipment for the  
scientific treatment of patients

Address: Dr. JAMES N. BRAWNER  
701-02 Grant Building ATLANTA, GEORGIA

**The  
Management  
of an  
Infant's Diet**

## DIARRHEA OF INFANTS

Three recommendations are made—

Stop at once the giving of milk.

Thoroughly clean out the intestinal tract.

Give nourishment composed of food elements capable of being absorbed with minimum digestive effort.

A diet that meets the condition is prepared as follows:

**Mellin's Food** . . . **4 level tablespoonfuls**

**Water** (boiled, then cooled) . . . **16 fluidounces**

Feed small amounts at frequent intervals.

It is further suggested:—As soon as the stools lessen in number and improve in character, gradually build up the diet by substituting one ounce of skimmed milk for one ounce of water until the amount of skimmed milk is equal to the quantity of milk usually given for the age of the infant; also that no milk fat be given until the baby has completely recovered.

**MELLIN'S FOOD COMPANY,**

**BOSTON, MASS.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar,*

Calhoun and Lucas Streets,

Charleston, S. C.

Session opens  
September 29th, 1919.





## Metatarsalgia and Callouses Caused by Weakened Transverse Arch

This condition is recognized by depression of the Transverse Arch anteriorly or at the base of the Metatarsal bones. The dome-like arching is obliterated and painful callosities or corns form over the depressed Metatarsal heads. The foot broadens, the toes become dorsal flexed. Bunions appear at the First and Fifth Metatarso-Phalangeal articulations. Digital nerves become impinged and severe cramp-like pains are experienced through the toes. This is described by Whitman as Morton's Toe.

These conditions, Doctor, are quickly relieved and permanently corrected by the use of

### *Dr Scholl's* Corrective Foot Appliances

These appliances are especially designed and constructed to restore the Anterior Arch, remove abnormal pressure and permit full freedom of motion to the entire foot. Different types to meet all emergencies.

Sold and fitted by leading shoe dealers in

every community who have been instructed in Anatomy of the foot and how to properly apply correctives to the foot and shoe.

Important pamphlet, "*Foot Weakness and Correction for the Physician*," mailed upon request.

**The Scholl Mfg. Co., 213 W. Schiller St., Chicago, Ill.**  
NEW YORK      TORONTO      LONDON

# In Many a Hurry Call

The doctor will find Thromboplastin solution (Armour) a most convenient thing to have in his case. It is a specific hemostatic and acts promptly.



## Thromboplastin Solution (*Armour*)

is made from the brains of kosher-killed cattle and is standardized physiologically on oxalated blood, is guaranteed to be of full therapeutic strength and is sold in dated packages—25 c. c. vials.

## Pituitary Liquid (*Armour*)

is the physiologically standardized solution of Posterior Pituitary and is absolutely free from chemical preservatives.

A small dose is suggested for obstetrical work—1 c. c. ampoules. Boxes of 6.

For surgical work 1 c. c. ampoules. Boxes of 6.

As manufacturers of the endocrine gland and other organo-therapeutic agents our facilities are at the service of the medical profession.

Armour's Sterilized Catgut Ligatures are offered in standard (60 inch) and emergency lengths (20 inch) plain and chromic.

**ARMOUR & COMPANY**  
CHICAGO

## Prescribe "Horlick's" for your patients convalescing from Influenza and concurrent epidemics.

It has been successfully used over a third of a century in anemic and run-down conditions, and is today extensively endorsed by the medical profession in the feeding of INFANTS, nursing mothers and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

*Avoid imitations by specifying*

**"HORLICK'S"**  
THE ORIGINAL MALTED MILK  
this is the package



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**

1541 Diamond Street

PHILADELPHIA, PA.



EXACT  
SIZE

Tycos Urinary  
Glassware  
Tycos Fever  
Thermometers

There's a Tycos and  
Taylor Thermometer  
for every purpose.

### Why Not Have That Satis- faction?

of knowing  
your blood  
pressure  
readings  
are taken  
with an  
instrument  
that proves  
its  
readings?  
That  
instrument  
is the

### "Tycos"

Self-Verifying Sphyg-  
momanometer, \$25

The Tycos is abso-  
lutely self-verif-  
ying. It has no ad-  
justments; requires  
no checking. If the  
pointer returns to  
zero, the reading is correct.  
Have a demonstration  
at your dealer's. It will gain  
your good will, as will the  
daily use hold it.

Taylor Instrument Companies  
ROCHESTER, N. Y.

## SHERMAN'S BACTERIAL VACCINES

*EFFICIENT  
DEPENDABLE*

*Write for Literature.*

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line,  
ten miles from the center of the city, near a beautiful  
suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns.  
Buildings are steam-heated, electrically lighted, and  
many rooms have private bath. Building for mental  
patients absolutely fireproof. Every equipment for the  
scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building

ATLANTA, GEORGIA



The  
Management  
of an  
Infant's Diet

## A Temporary Diet in Summer Diarrhea

Mellin's Food . . . 4 level tablespoonfuls  
Water (boiled, then cooled) 16 fluidounces

To be given in small amounts at frequent intervals.

Each ounce of this mixture has a food value of 6.2 Calories and furnishes immediately available nutrition well suited to spare the body-protein, to prevent a rapid loss of weight, to resist the activity of putrefactive bacteria, and to favor a retention of fluids and salts in the body tissues.

MELLIN'S FOOD COMPANY,

BOSTON, MASS.

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar,*

Calhoun and Lucas Streets,

Charleston, S. C.

Session opens  
September 29th, 1919.

**DAKIN'S UNIVERSAL  
ANTISEPTIC**

**SAFE  
NON-POISONOUS**

**CHLORAZENE  
ABBOTT**

**FIFTY TIMES MORE GERMICIDAL  
THAN PHENOL**

Chlorazene Tablets, 4.6 grs. each, bottles of 100, 500 and 1,000.  
Chlorazene Powder, Hospital Package No. 1, makes 1 gallon 1% solution; Hospital Package  
No. 2 makes 5 gallons 1% solution.  
Chlorazene Surgical Cream, Chlorazene Gauze, Chlorazene Surgical Powder.

THE ABBOTT LABORATORIES, Dept. 32, CHICAGO, ILL.

New York

Seattle

San Francisco

Los Angeles

Toronto

Bombay

## UNIVERSITY OF GEORGIA MEDICAL DEPARTMENT AUGUSTA, GEORGIA

**ENTRANCE REQUIREMENTS.** The successful completion of at least two years of work including English, Physics, Chemistry, and Biology in an approved college. This in addition to four years of high school.

**INSTRUCTION.** The course of instruction occupies four years, beginning the second week in September and ending the first week in June. The first two years are devoted to the fundamental sciences, and the third and fourth to practical clinic instruction in medicine and surgery. All the organized medical and surgical charities of the city of Augusta and Richmond County, including the hospitals, are under the entire control of the Board of Trustees of the University. This arrangement affords a large number and variety of patients which are used in the clinical teaching. Especial emphasis is laid upon practical work both in the laboratory and clinical departments.

**TUITION.** The charge for tuition is \$150.00 a year except for residents of the State of Georgia, to whom tuition is free.

*For further information and catalogue, address*

**THE MEDICAL DEPARTMENT, UNIVERSITY OF GEORGIA  
AUGUSTA, GEORGIA**

# In Many a Hurry Call

The doctor will find Thromboplastin solution (Armour) a most convenient thing to have in his case. It is a specific hemostatic and acts promptly.



## Thromboplastin Solution (*Armour*)

is made from the brains of kosher-killed cattle and is standardized physiologically on oxalated blood, is guaranteed to be of full therapeutic strength and is sold in dated packages—25 c. c. vials.

## Pituitary Liquid (*Armour*)

is the physiologically standardized solution of Posterior Pituitary and is absolutely free from chemical preservatives.

A small dose is suggested for obstetrical work—1 c. c. ampoules. Boxes of 6.

For surgical work 1 c. c. ampoules. Boxes of 6.

As manufacturers of the endocrine gland and other organo-therapeutic agents our facilities are at the service of the medical profession.

Armour's Sterilized Catgut Ligatures are offered in standard (60 inch) and emergency lengths (20 inch) plain and chromic.

**ARMOUR & COMPANY**  
CHICAGO

## Prescribe "Horlick's" for your patients convalescing from Influenza and concurrent epidemics.

It has been successfully used over a third of a century in anemic and run-down conditions, and is today extensively endorsed by the medical profession in the feeding of INFANTS, nursing mothers and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
RACINE, WIS.

*Avoid imitations by specifying*

**"HORLICK'S"**  
THE ORIGINAL MALTED MILK

this is the package





# Stanolind Reg. U. S. Pat. Off. Petrolatum

## *For Medicinal Use*

In five grades to meet every requirement.

Superla White, Ivory White, Onyx, Topaz and Amber.

Stanolind Petrolatum is of such distinctive merit as to sustain the well-established reputation of the Standard Oil Company of Indiana as manufacturers of medicinal petroleum products.

You may subject Stanolind Petrolatum to the most rigid test and investigation—you will be convinced of its superior merit.

## Stanolind Surgical Wax

### *For Injuries to the Skin*

While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause, an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

Surgeons will find it useful to seal wounds after operations instead of collodion dressings.

It maintains the uniform temperature necessary to promote rapid cell growth.

It accommodates itself readily to surface irregularities without breaking.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.

# Too Big a Problem For the Individual

The problem of demonstrating the harmlessness of substances used in foods is too big for the individual doctor. It is so big that the United States Government itself found it necessary to undertake the work. The President of the United States himself selected the men, after consulting with the greatest universities in our country. His aim, in which he was most successful, was to select

## Men You Can Trust

These are the ones he selected:—

PROF. IRA REMSEN, Johns Hopkins University, Chairman.

DR. JOHN H. LONG, Northwestern University.

PROF. THEOBALD SMITH, Harvard University.

DR. ALONZO E. TAYLOR, University of Pennsylvania.

DR. RUSSELL H. CHITTENDEN, Sheffield Scientific School of Yale University.

After two years of study and research, they concluded that "Alum, as such, is not left in the food" and that "alum baking powders are no more injurious than other baking powders."—*U. S. Bulletin of Agriculture No. 103.*

As a result of this work by men you can trust, you may, with confidence, adopt for use in your homes and sanitariums, baking powders of the double acting type which contain phosphate and alum.

CALUMET is a Phosphate Powder in which enough of the acid phosphate has been replaced by Sodium Alum (not the drug store alum) to insure its keeping qualities and give the desired speed of action. It is chemically correct.

Pure in the can and pure in the baking

**CALUMET BAKING POWDER CO., Chicago, Ill.**

## PETTEY & WALLACE 958 S Fifth Street MEMPHIS, TENN. **SANITARIUM**



### FOR THE TREATMENT OF **DRUG ADDICTION, ALCOHOLISM MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



Cat. No. 6-1099

## **SANITARY WASTE RECEPTACLE With Automatic Self-Closing Cover**

for the HOSPITAL, OFFICE or HOME

*Prevent the Fly      Prevent Disease*

16 Qt. \$3.50    24 Qt. \$4.00    32 Qt. \$4.50

**FRANK S. BETZ CO., Hammond, Indiana**

Chicago Salesrooms, 30 East Randolph Street, Third Floor

Calcium

AND

Pure Beechwood  
Creosote



# Calcreose

Valuable in the  
treatment of

## Bronchitis

*Calcreose Booklet Sent on Request*

The  
**Maltbe Chemical Company**  
NEWARK, N. J.

## **DOCTORS' COLLECTIONS**

### **Bad Debts Turned Into Cash No Collections, No Pay**

Endorsed by physicians and the Medical Press.

#### **EXTRACT FROM CONTRACT**

I herewith hand you the following accounts, which are correct and which you may retain six months, with longer time for accounts under promise of payment and in legal process. Commission on money paid to either party by any and all debtors is to be 25% on accounts \$100.00 and over; 33⅓% on accounts \$25.00 to \$100.00; and 50% on accounts under \$25.00.

#### **SETTLEMENTS MADE MONTHLY.**

DR. H. A. DUEMLING, Fort Wayne, Indiana, says: "I unhesitatingly recommend your Collection Service to my co-workers in the Medical Fraternity." (Grand total collections made for Dr. Duemling to August 20, 1919, amounts to \$5,464.27.)

**REFERENCES:** *National Bank of Commerce, Missouri Savings Association Bank, Bradstreets, or the Publishers of this Journal; thousands of satisfied clients everywhere. Clip this advertisement and attach to your lists and mail to*

#### **PHYSICIANS AND SURGEONS ADJUSTING ASSOCIATION**

Railway Exchange Bldg., Desk 5      KANSAS CITY, MISSOURI  
(Publishers Adjusting Association, Inc., Owners.)



## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## MEAD'S DEXTRI-MALTOSE

Has filled a want in infant feeding as the most efficient means of supplying the deficiency of carbohydrate in diluted cows' milk. Its universal use

### Has Become a Part of Modern Infant Feeding

To meet the requirements of the individual baby, MEAD'S DEXTRI-MALTOSE is made in 3 forms (No. 1, No. 2 and No. 3).

**No. 1.** With Sodium Chloride, 2%—For general use in the diet of infants. It may be substituted in the same proportion for either cane or milk sugar in any good system of feeding.

**No. 2.** Unsalted—Prepared for those physicians who prefer to make their own salt additions. Also of special value in the diet of adult invalids.

**No. 3.** With Potassium Carbonate, 2%—Valuable where constipation is present. Potassium carbonate acts as a corrective by softening the fecal matter.

*Made expressly for physicians' use*



**MEAD JOHNSON & CO., EVANSVILLE, IND.**

## PETTEY & WALLACE 958 S Fifth Street MEMPHIS, TENN. **SANITARIUM**



### FOR THE TREATMENT OF **DRUG ADDICTION, ALCOHOLISM MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



## WHY PAY \$35.<sup>00</sup> *for an* **ELECTRIC CENTRIFUGE**

When we offer the Betz Electric Centrifuge with universal motor for use on either alternating or direct current and fully guaranteed against mechanical defect for

**\$17.50**  
2 arm

**FRANK S. BETZ CO.,**  
HAMMOND, INDIANA

**\$27.50**  
4 arm

## Calcium AND Pure Beechwood Creosote



# Calcreose

Valuable in the  
treatment of

## Bronchitis

*Calcreose Booklet Sent on Request*

The  
**Maltbie Chemical Company**  
NEWARK, N. J.

## DOCTORS' COLLECTIONS

### Bad Debts Turned Into Cash No Collections, No Pay

Endorsed by physicians and the Medical Press.

#### EXTRACT FROM CONTRACT

I herewith hand you the following accounts, which are correct and which you may retain six months, with longer time for accounts under promise of payment and in legal process. Commission on money paid to either party by any and all debtors is to be 25% of \$100.00, 33 1/3% of \$25.00 to \$100.00, and 50% of \$25.00.

#### SETTLEMENTS MADE MONTHLY.

DR. H. A. DUEMLING, Fort Wayne, Indiana, says: "I unhesitatingly recommend your Collection Service to my co-workers in the Medical Fraternity." (Grand total collections made for Dr. Duemling to February 20, 1919, amounts to \$4,759.50.)

**REFERENCES:** *National Bank of Commerce, Missouri Savings Association Bank, Bradstreets, or the Publishers of this Journal; thousands of satisfied clients everywhere. Clip this advertisement and attach to your lists and mail to*

#### PHYSICIANS AND SURGEONS ADJUSTING ASSOCIATION

Railway Exchange Bldg., Desk 5 KANSAS CITY, MISSOURI  
(Publishers Adjusting Association, Inc., Owners.)

## Laboratories of Drs. Bunce and Landham Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

### Address

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## IF BABIES WERE STANDARDIZED

A Standard Mixture of Food Materials would suffice for their artificial Feeding  
**BUT THE BABY HAS AN INDIVIDUAL DIGESTION**

Requiring individual consideration from the infant feeder. The arrangement of the diet for the individual baby marks the difference between success and failure in infant feeding

### Different Babies

of the same age require different quantities of the diet constituents. Sometimes sugar is temporarily withdrawn entirely from the diet. Sometimes one salt and sometimes another is added to the diet.



### Different Salts in the Diet yield different Results

Sodium Chloride has a value where an infant suffers from diarrhoea. Potassium Carbonate acts generally as a corrective in the constipation of infants.

These salts are classed as constructive food material.

### THIS IS WHY WE PREPARE

**MEAD'S DEXTRI-MALTROSE in 3 forms (No. 1, No. 2 and No. 3)**

No. 1. With Sodium Chloride, 2% — No. 2 Unsalted — No. 3 With Potassium Carbonate, 2%

The simple, easily understood principles of modern bottle feeding are found in our booklet "Simplified Infant Feeding." Write for it.

**MEAD JOHNSON & CO., EVANSVILLE, IND.**



## PETTEY & WALLACE 958 S Fifth Street MEMPHIS, TENN. **SANITARIUM**



### FOR THE TREATMENT OF **DRUG ADDICTION, ALCOHOLISM MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



## WHY PAY \$35.<sup>00</sup> *for an* **ELECTRIC CENTRIFUGE**

When we offer the Betz Electric Centrifuge with universal motor for use on either alternating or direct current and fully guaranteed against mechanical defect for

**\$17.50**  
2 arm

**FRANK S. BETZ CO.,**  
HAMMOND, INDIANA

**\$27.50**  
4 arm

## Calcium AND Pure Beechwood Creosote



# Calcreose

Valuable in the  
treatment of

## Bronchitis

*Calcreose Booklet Sent on Request*

The  
**Maltbie Chemical Company**  
NEWARK, N. J.

## DOCTORS' COLLECTIONS

### Bad Debts Turned Into Cash No Collections, No Pay

Endorsed by physicians and the Medical Press.

#### EXTRACT FROM CONTRACT

I herewith hand you the following accounts, which are correct and which you may retain six months, with longer time for accounts under promise of payment and in legal process. Commission on money paid to either party by any and all debtors is to be 25% of \$100.00, 33 $\frac{1}{3}$ % of \$25.00 to \$100.00, and 50% of \$25.00.

#### SETTLEMENTS MADE MONTHLY.

DR. H. A. DUEMLING, Fort Wayne, Indiana, says: "I unhesitatingly recommend your Collection Service to my co-workers in the Medical Fraternity." (Grand total collections made for Dr. Duemling to February 20, 1919, amounts to \$4,759.50.)

**REFERENCES:** *National Bank of Commerce, Missouri Savings Association Bank, Bradstreets, or the Publishers of this Journal; thousands of satisfied clients everywhere. Clip this advertisement and attach to your lists and mail to*

#### PHYSICIANS AND SURGEONS ADJUSTING ASSOCIATION

Railway Exchange Bldg., Desk 5 KANSAS CITY, MISSOURI  
(Publishers Adjusting Association, Inc., Owners.)

## Laboratories of Drs. Bunce and Landham Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

### Address

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## IF BABIES WERE STANDARDIZED

A Standard Mixture of Food Materials would suffice for their artificial Feeding

## BUT THE BABY HAS AN INDIVIDUAL DIGESTION

Requiring individual consideration from the infant feeder. The arrangement of the diet for the individual baby marks the difference between success and failure in infant feeding

### Different Babies

of the same age require different quantities of the diet constituents. Sometimes sugar is temporarily withdrawn entirely from the diet. Sometimes one salt and sometimes another is added to the diet.



### Different Salts in the Diet yield different Results

Sodium Chloride has a value where an infant suffers from diarrhoea. Potassium Carbonate acts generally as a corrective in the constipation of infants.

These salts are classed as constructive food material.

## THIS IS WHY WE PREPARE MEAD'S DEXTRI-MALTOSE in 3 forms (No. 1, No. 2 and No. 3)

No. 1. With Sodium Chloride, 2% — No. 2 Unsalted — No. 3 With Potassium Carbonate, 2%

The simple, easily understood principles of modern bottle feeding are found in our booklet "Simplified Infant Feeding." Write for it.

**MEAD JOHNSON & CO., EVANSVILLE, IND.**

## The Storm Binder and Abdominal Supporter

Patented



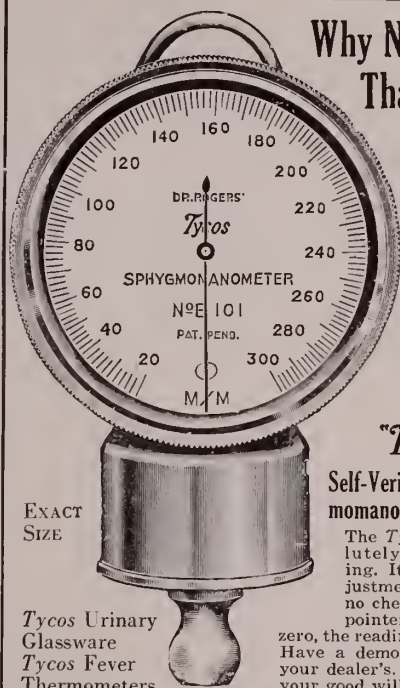
Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street PHILADELPHIA, PA.



### Why Not Have That Satis- faction?

of knowing  
your blood  
pressure  
readings  
are taken  
with an  
instrument  
that proves  
its  
readings?  
That  
instrument  
is the

**"Tycos"**

Self-Verifying Sphyg-  
momanometer, \$25

The Tycos is abso-  
lutely self-verifying.  
It has no ad-  
justments; requires  
no checking. If the  
pointer returns to  
zero, the reading is correct.  
Have a demonstration  
at your dealer's. It will gain  
your good will, as will the  
daily use hold it.

EXACT  
SIZE

Tycos Urinary  
Glassware  
Tycos Fever  
Thermometers

There's a Tycos and  
Taylor Thermometer  
for every purpose.

Taylor Instrument Companies  
ROCHESTER, N. Y.

## Use SHERMAN'S Bacterial Vaccines

TO

### Protect Your Patients

AGAINST

COLDS INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line,  
ten miles from the center of the city, near a beautiful  
suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns.  
Buildings are steam-heated, electrically lighted, and  
many rooms have private bath. Building for mental  
patients absolutely fireproof. Every equipment for the  
scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building ATLANTA, GEORGIA



**The  
Management  
of an  
Infant's Diet**

In extreme emaciation, which is a characteristic symptom of conditions commonly known as

## **Malnutrition, Marasmus or Atrophy**

it is difficult to give fat in sufficient amounts to satisfy the nutritive needs; therefore, it is necessary to meet this emergency by substituting some other energy-giving food element. Carbohydrates in the form of maltose and dextrins in the proportion that is found in

### **MELLIN'S FOOD**

are especially adapted to the requirements, for such carbohydrates are readily assimilated and at once furnish heat and energy so greatly needed by these poorly nourished infants.

The method of preparing the diet and suggestions for meeting individual conditions sent to physicians upon request.

**MELLIN'S FOOD COMPANY,**

**BOSTON, MASS.**

## **MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY**

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

**Women admitted on the same terms as men.**

*For catalogue address,*

**H. GRADY CALLISON, Acting Registrar,  
Calhoun and Lucas Streets,  
Charleston, S. C.**

Session opens  
September 29th, 1919.



## INFLUENZA WARNING!

Let's be prepared! At the first indication of return of the influenza epidemic resort immediately to a **PROVEN LINE OF DEFENSE**. Meet the enemy at the port of entry, rendering the upper air passages hostile to his development and you've won the battle.

**DICHLORAMINE-T-CHLORCOSANE**, Abbott, has proven its ability to protect against infectious diseases originating in the upper air tract, such diseases as meningitis, diphtheria, and influenza.

## TO PREVENT INFLUENZA

(1) Spray the nose and throat twice daily with a 2% solution DICHLORAMINE-T in CHLORCOSANE, Abbott.

(2) Use CHLORAZENE, Abbott, 0.25% solution as a gargle every two hours.

**DICHLORAMINE-T, Abbott**—powder in one-ounce and four-ounce bottles.

**CHLOROSANE, Abbott**—in four-ounce and sixteen-ounce bottles.  
**CHLORAZENE, Abbot**—tablets of 4.6 gr. each. Bottles of 100,  
 500 and 1000.

Write for literature to

**The Abbott Laboratories, Home Office and Laboratories, Dept. 32, Chicago, Ill.**  
 New York                      Seattle                      San Francisco  
 Los Angeles                      Toronto                      Bombay

Seattle  
Toronto

San Francisco  
Bombay

# Attention !

# EYE, EAR, NOSE AND THROAT *Specialists*

WILL FIND OUR NEW SURGICAL DEPARTMENT OF  
GREAT HELP TO THEM. NO NEED TO SEND  
EAST FOR DESIRED ARTICLES.

SATISFACTORY **R** WORK FOR MORE THAN 27 YEARS

# MERRY OPTICAL COMPANY

SURGICAL DEPARTMENT  
KANSAS CITY, MO.

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS

**BIRMINGHAM  
WICHITA  
LOUISVILLE**

DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

SEND YOUR ORDERS TO OUR NEAREST HOUSE. THEY WILL RECEIVE PROMPT ATTENTION



*Our advantages make us headquarters  
for the organo-therapeutic products*

## Doctors Should Specify

In a paper on Corpus Luteum in the New York Medical Journal, Dr. Sajous states:

"The two most important prerequisites to success in the use of the drug appear to be:

"1. The selection of a preparation made exclusively from the corpora lutea of pregnant animals, and

"2. Due attention to the fact that the action of the drug is frequently slow in asserting itself and that the drug should be given up only when thorough trial has demonstrated its lack of efficiency."

Corpus Luteum (Armour) is made from true substance. The glands are gathered in our abattoirs and we know what we are using.

Corpus Luteum (Armour) is supplied in 2-grain capsules, bottles of 50; 5-grain capsules, bottles of 50; 2-grain tablets, bottles of 100.

Specify ARMOUR'S and you will get the best the market affords.

**ARMOUR & COMPANY**  
CHICAGO

**Pituitary Liquid—**  
is physiologically standardized and is free from preservatives.

1 c. c. ampoules, boxes of six.

**Thromboplastin** solution, 25 c.c. vials.

**Thyroids—**  
Standardized. Powder; Tablets. 2 gr., 1 gr., ½ gr., ¼ gr.

**Parathyroids—**  
Powder and Tablets, 1-20 grain.

**Pituitary, Anterior—**  
Powder and Tablets, 2 grain.

**Pituitary, Posterior—**  
Powder and Tablets, 1-10 grain.

**SUCCESSFULLY PRESCRIBED  
OVER ONE-THIRD CENTURY**

# "HORLICK'S"

**The STANDARD product, assuring the most  
reliable results from the use of Malted Milk**

Imitators cannot reproduce our Original process and consequently lack the distinctive quality and flavor of the Genuine "Horlick's"

*For information concerning medical and surgical  
uses, and for prepaid samples, write—*

**Horlick's Malted Milk Co.**  
RACINE, WIS.



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Under wear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street PHILADELPHIA, PA.

Calcium

AND

Pure Beechwood

Creosote



# Calcreose



Valuable in the  
treatment of

## Bronchitis

*Calcreose Booklet Sent on Request*

The  
**Maltbie Chemical Company**  
NEWARK, N. J.

## Use SHERMAN'S Bacterial Vaccines

TO

### Protect Your Patients

AGAINST

COLDS INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line,  
ten miles from the center of the city, near a beautiful  
suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns.  
Buildings are steam-heated, electrically lighted, and  
many rooms have private bath. Building for mental  
patients absolutely fireproof. Every equipment for the  
scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building ATLANTA, GEORGIA

**The  
Management  
of an  
Infant's Diet**

# Malnutrition, Marasmus or Atrophy

<b>Mellin's Food</b>	}	Analysis:	Fat . . . .	.49
4 level tablespoonfuls			Protein . . . .	2.28
<b>Skimmed Milk</b>			Carbohydrates . .	6.59
8 fluidounces . . .			Salts . . . .	.58
<b>Water</b>	}		Water . . . .	90.06
8 fluidounces . . .				<u>100.00</u>

The principal carbohydrate in Mellin's Food is maltose, which seems to be particularly well adapted in the feeding of poorly nourished infants. Marked benefit may be expected by beginning with the above formula and gradually increasing the Mellin's Food until a gain in weight is observed. Relatively large amounts of Mellin's Food may be given, as maltose is immediately available nutrition. The limit of assimilation for maltose is much higher than other sugars, and the reason for increasing this energy-giving carbohydrate is the minimum amount of fat in the diet made necessary from the well-known inability of marasmic infants to digest enough fat to satisfy their nutritive needs.

**MELLIN'S FOOD COMPANY,**

**BOSTON, MASS.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar,*  
Calhoun and Lucas Streets,  
Charleston, S. C.

Session opens  
September 29th, 1919.

# A SAFE AND POWERFUL URIC-ACID ELIMINANT

IN GOUT, RHEUMATISM, ARTHRITIS, NEURALGIA  
NEURITIS, SCIATICA, TRY

Phenyleinchoninic Acid is the United States pharmacopoeial designation for the product formerly made in Germany and marketed as Atophan.

## CINCHOPHEN

Phenyleinchoninic Acid, U. S. P.

Introduced as Atophan

Cinchophen, Abbott, is supplied in tablets of 7½ grs. each. Dispensing boxes of 20 tablets each and bottles of 100 tablets each.

Cinchophen, Abbott, does not irritate the kidneys. It does not depress the heart.

Cinchophen, Abbott, accepted by the Council on Pharmacy and Chemistry of the American Medical Association, is manufactured by The Abbott Laboratories under license from the United States Federal Trade Commission. It is another Victory for American Chemistry. Keep the home fires burning by specifying Cinchophen "Abbott."

SEND FOR CINCHOPHEN BOOKLET

## THE ABBOTT LABORATORIES

All American Always American

HOME OFFICE AND LABORATORIES, Dept. 32, CHICAGO, ILL.

New York

San Francisco

Seattle

Los Angeles

Toronto

Bombay

## Attention!

## EYE, EAR, NOSE AND THROAT *Specialists*

WILL FIND OUR NEW SURGICAL DEPARTMENT OF  
GREAT HELP TO THEM. NO NEED TO SEND  
EAST FOR DESIRED ARTICLES.

SATISFACTORY **R** WORK FOR MORE THAN 27 YEARS

## MERRY OPTICAL COMPANY

SURGICAL DEPARTMENT  
KANSAS CITY, MO.

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS

BIRMINGHAM  
WICHITA  
LOUISVILLE

DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

SEND YOUR ORDERS TO OUR NEAREST HOUSE. THEY WILL RECEIVE PROMPT ATTENTION





Doctor:-

Have you a case in which a hematinic is immediately necessary? There are a great many where the oxygen carrying power of the blood is reduced to an extent that makes increase of hemoglobin essential.

Extract of Red Bone Marrow (Armour) is hemato-genetic and is prepared for that kind of cases. Extract of Red Bone Marrow is entirely free from alcohol. It is palatable and when given well diluted with cold water is easily appropriated.

*Literature on the endocrine gland preparations on request.*

**Thromboplastin** (Armour) is a specific hemostatic, 25 c. c. vials.

**Pituitary Liquid** (Armour) is free from preservatives and is standardized— $\frac{1}{2}$  c. c. and 1 c. c. ampoules.

**ARMOUR & COMPANY**  
CHICAGO

**Thyroids** (Armour) standardized. Thyroid Tablets  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grains.

**Corpus Luteum** (Armour) gives results. Powder, two-grain tablets, 2- and 5-grain capsules.

**SUCCESSFULLY PRESCRIBED  
OVER ONE-THIRD CENTURY**

# “HORLICK’S”

**The STANDARD product, assuring the most  
reliable results from the use of Malted Milk**

Imitators cannot reproduce our Original process and consequently lack the distinctive quality and flavor of the Genuine “Horlick’s”

*For information concerning medical and surgical  
uses, and for prepaid samples, write—*

**Horlick’s Malted Milk Co.**  
RACINE, WIS.

# ***Stanolind***

Reg. U. S. Pat. Off.

# ***Surgical Wax***

## **Alleviates Pain**

When the wax film is laid on a denuded surface the patient is relieved of pain immediately.

Until after the healing process has started, Stanolind Surgical Wax should not remain on the wound longer than twenty-four hours.

Later the wound may be cleansed and redressed every forty-eight hours.

In removing the dressing, when that portion adhering to the uninjured skin has been loosened, the entire film may be rolled back without causing the least pain, or without injury to the granulations.

# ***Stanolind Petrolatum***

## **For Medicinal Use**

in five grades to meet every requirement.

Superla White, Ivory White, Onyx, Topaz and Amber.

Stanolind Petrolatum is of such distinctive merit as to sustain the well-established reputation of the Standard Oil Company of Indiana as manufacturers of medicinal petroleum products.

You may subject Stanolind Petrolatum to the most rigid test and investigation—you will be convinced of its superior merit.

## **STANDARD OIL COMPANY**

*(Indiana)*

*Manufacturers of Medicinal Products from Petroleum*

**910 S. Michigan Avenue**

**Chicago, U. S. A.**

# CALUMET BAKING POWDER

Wholesome - Clean - Dependable

---

**Wholesome** because it is made of the highest grade materials possible to obtain and contains only such ingredients as have been officially approved by United States Food Authorities.

**Clean** because it is manufactured in the largest, finest and most sanitary baking powder plant in the world, equipped with specially designed machinery to prevent exposure and contamination. The powder is not touched by human hands during the process of manufacture from the start to the finish in the sealed can.

**Dependable** because every possible precaution known to baking powder scientists—30 years of practical experience in manufacturing baking powder and the combined knowledge of a staff of baking powder experts is used to make its keeping qualities perfect.

**Doctors** can safely recommend Calumet Baking Powder for its wholesomeness and perfect leavening qualities.

*PURE IN THE CAN and PURE IN THE BAKING*

**CALUMET BAKING POWDER COMPANY**  
CHICAGO, ILLINOIS



**PETTEY & WALLACE**  
**SANITARIUM**  
 958 S Fifth Street  
 MEMPHIS, TENN.



FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM**  
**MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



**ELECTRIC CENTRIFUGE**

9-4215  
 2-ARM  
 \$18.50

No physician's outfit is complete without a centrifuge. Our special offer enables you to secure a fully guaranteed Electric Centrifuge at a most attractive price: built with universal motor for either alternating or direct current.

9-4216  
 4-ARM  
 \$27.50

**FRANK S. BETZ CO., HAMMOND, IND.**

Chicago Salesrooms, 30 East Randolph Street, 3rd Floor

**"I**n probably no other line of business in Florida does one firm so far outclass all its competitors as does the **RECORD COMPANY** when it comes to fine printing."

One of the biggest printing buyers in Florida said that.

## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## MEAD'S DEXTRI-MALTOSE

Has filled a want in infant feeding as the most efficient means of supplying the deficiency of carbohydrate in diluted cows' milk. Its universal use

### Has Become a Part of Modern Infant Feeding

To meet the requirements of the individual baby, MEAD'S DEXTRI-MALTOSE is made in 3 forms (No. 1, No. 2 and No. 3).

**No. 1.** With Sodium Chloride, 2%—For general use in the diet of infants. It may be substituted in the same proportion for either cane or milk sugar in any good system of feeding.

**No. 2.** Unsalted—Prepared for those physicians who prefer to make their own salt additions. Also of special value in the diet of adult invalids.

**No. 3.** With Potassium Carbonate, 2%—Valuable where constipation is present. Potassium carbonate acts as a corrective by softening the fecal matter.

*Made expressly for physicians' use*



**MEAD JOHNSON & CO., EVANSVILLE, IND.**

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

A new dressing for burns, granulations and similar lesions.

Manufactured by the Standard Oil Company of Indiana, and guaranteed by them to be free from deleterious matters, and so packed as to insure it against all contamination.

Stanolind Surgical Wax has a sufficiently low melting point so that when fluid the possibility of burning healthy tissue is precluded.

Its correct ductile and plastic features make it adaptable to surface irregularities without breaking.

When properly applied it adheres closely to sound skin, yet separates readily and without pain from denuded surfaces.

Stanolind Surgical Wax when applied in proper thickness maintains a uniform temperature, promoting rapid cell growth, and assisting nature to make repairs quickly.

## Stanolind Petrolatum

### *A New, Highly Refined Product*

Vastly superior in color to any other petrolatum heretofore offered.

The Standard Oil Company of Indiana guarantees, without qualification, that no purer, no finer, no more carefully prepared petrolatum can be made.

Stanolind Petrolatum is manufactured in five grades, differing one from the other in color only.

Each color, however, has a definite and fixed place in the requirements

of the medical profession.

"Superla White" Stanolind Petrolatum.

"Ivory White" Stanolind Petrolatum.

"Onyx" Stanolind Petrolatum.

"Topaz" Stanolind Petrolatum.

"Amber" Stanolind Petrolatum.

The Standard Oil Company, because of its comprehensive facilities, is enabled to sell Stanolind Petrolatum at unusually low prices.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.



# Consider These Facts

**D**OCTORS who have investigated the action, properties and residues of various leavening agents, recommend

## Calumet Baking Powder

It is used in their own homes. Such ingredients as are used in the manufacture of CALUMET have been approved by the Remsen Board of consulting scientific experts, appointed by the United States Government and composed of men whose ability is acknowledged and whose conclusions are accepted.

CALUMET is a Phosphate Powder in which enough of the acid phosphate has been replaced with Sodium Alum (not drug store alum) to insure its keeping qualities and give the proper speed of action. It is chemically correct.

It is manufactured in the largest, finest and most sanitary baking powder plant in the world. The ingredients used in the manufacture of CALUMET are tested for purity and strength before being compounded and the finished product is given laboratory tests and baking tests. The powder is not touched by human hands at any point in the process of manufacture.

CALUMET is the favorite baking powder in millions of American homes. It is used by domestic science teachers and expert chefs. It has been used for years in hotels, restaurants, bakeries and public institutions. It is the ideal baking powder for hospitals, sanitariums, etc. Special terms for such institutions mailed on request.

**CALUMET BAKING POWDER COMPANY**  
CHICAGO, ILLINOIS

## PETTEY & WALLACE 958 S Fifth Street MEMPHIS, TENN. **SANITARIUM**



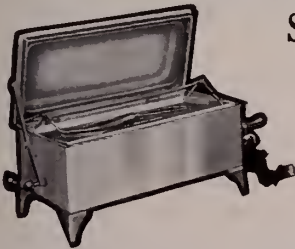
### FOR THE TREATMENT OF **DRUG ADDICTION, ALCOHOLISM MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



## SAFETY AUTOMATIC ELECTRIC STERILIZER

UNCONDITIONALLY GUARANTEED

10 Days' Free Trial Offer. Sold with the understanding that if not entirely satisfactory same should be returned to us within 10 days and money will be promptly refunded.

Order from this ad. Specify current.

9-3035 Size 10x5x4 in.....\$24.50  
9-3036 Size 17x7x5 in..... 28.50

**FRANK S. BETZ CO., Hammond, Indiana**  
Chicago Salesrooms, 30 East Randolph Street

## Calcium AND Pure Beechwood Creosote



# Calcreose

Valuable in the  
treatment of

## Bronchitis

*Calcreose Booklet Sent on Request*

The  
**Maltbie Chemical Company**  
NEWARK, N. J.

## DOCTORS' COLLECTIONS

### Bad Debts Turned Into Cash No Collections, No Pay

Endorsed by physicians and the Medical Press.

#### EXTRACT FROM CONTRACT

I herewith hand you the following accounts, which are correct and which you may retain six months, with longer time for accounts under promise of payment and in legal process. Commission on money paid to either party by any and all debtors is to be 25% on accounts \$100.00 and over; 33⅓% on accounts \$25.00 to \$100.00; and 50% on accounts under \$25.00.

#### SETTLEMENTS MADE MONTHLY.

DR. H. A. DUEMLING, Fort Wayne, Indiana, says: "I unhesitatingly recommend your Collection Service to my co-workers in the Medical Fraternity." (Grand total collections made for Dr. Duemling to September 1, 1919, amounts to \$7,785.27.)

**REFERENCES:** National Bank of Commerce, Missouri Savings Association Bank, Bradstreets, or the Publishers of this Journal; thousands of satisfied clients everywhere. Clip this advertisement and attach to your lists and mail to

**PHYSICIANS AND SURGEONS ADJUSTING ASSOCIATION**  
Railway Exchange Bldg., Desk 5 KANSAS CITY, MISSOURI  
(Publishers Adjusting Association, Inc., Owners.)

## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## MEAD'S DEXTRI-MALTOSE

Has filled a want in infant feeding as the most efficient means of supplying the deficiency of carbohydrate in diluted cows' milk. Its universal use

### Has Become a Part of Modern Infant Feeding

To meet the requirements of the individual baby, MEAD'S DEXTRI-MALTOSE is made in 3 forms (No. 1, No. 2 and No. 3).

**No. 1.** With Sodium Chloride, 2%—For general use in the diet of infants. It may be substituted in the same proportion for either cane or milk sugar in any good system of feeding.

**No. 2.** Unsalted—Prepared for those physicians who prefer to make their own salt additions. Also of special value in the diet of adult invalids.

**No. 3.** With Potassium Carbonate, 2%—Valuable where constipation is present. Potassium carbonate acts as a corrective by softening the fecal matter.

*Made expressly for physicians' use*



**MEAD JOHNSON & CO., EVANSVILLE, IND.**



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street PHILADELPHIA, PA.

Use

## SHERMAN'S Bacterial Vaccines

TO

Protect Your Patients

AGAINST

COLDS INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**  
DETROIT, MICH., U. S. A.



Calcium  
AND  
Pure Beechwood  
Creosote

# Calcreose

Valuable in the  
treatment of

## Bronchitis

*Calcreose Booklet Sent on Request*

The  
**Maltbie Chemical Company**  
NEWARK, N. J.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line,  
ten miles from the center of the city, near a beautiful  
suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns.  
Buildings are steam-heated, electrically lighted, and  
many rooms have private bath. Building for mental  
patients absolutely fireproof. Every equipment for the  
scientific treatment of patients

Address: Dr. JAMES N. BRAWNER  
701-02 Grant Building ATLANTA, GEORGIA

**The  
Management  
of an  
Infant's Diet**

In extreme emaciation, which is a characteristic symptom of conditions commonly known as

## **Malnutrition, Marasmus or Atrophy**

it is difficult to give fat in sufficient amounts to satisfy the nutritive needs; therefore, it is necessary to meet this emergency by substituting some other energy-giving food element. Carbohydrates in the form of maltose and dextrins in the proportion that is found in

### **MELLIN'S FOOD**

are especially adapted to the requirements, for such carbohydrates are readily assimilated and at once furnish heat and energy so greatly needed by these poorly nourished infants.

The method of preparing the diet and suggestions for meeting individual conditions sent to physicians upon request.

**MELLIN'S FOOD COMPANY,**

**BOSTON, MASS.**

## **MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY**

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

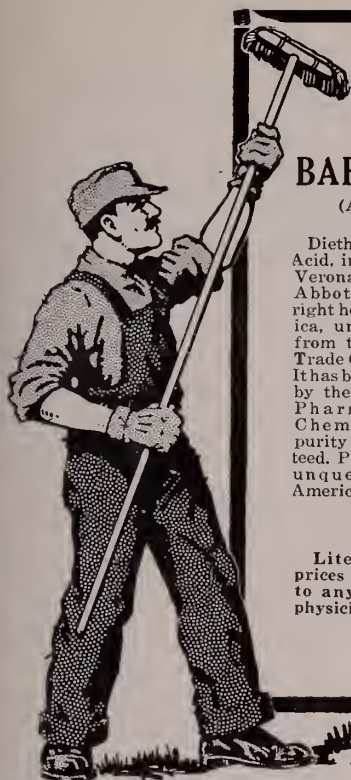
Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

**Women admitted on the same terms as men.**

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar,*  
Calhoun and Lucas Streets,  
Charleston, S. C.

Session opens  
September 29th, 1919.



## BARBITAL

(Abbott)

Diethylbarbituric Acid, introduced as Veronal. Barbitol, Abbott, is made right here in America, under license from the Federal Trade Commission. It has been accepted by the Council on Pharmacy and Chemistry. Its purity is guaranteed. Prescribe this unquestionably American hypnotic.

Literature and prices will be sent to any inquiring physician.

## Insuring Sleep Before Operations

The night before the operation is usually a sleepless and restless one for the patient, resulting in his being in less favorable condition when the time for operation arrives. Try prescribing a 5-grain tablet of Barbitol, Abbott, the reliable hypnotic, the night before, thus insuring a good night's rest.

Try Barbitol, Abbott, also for nervous patients following extensive teeth extraction, minor operations, neuralgias, and insomnia-producing conditions generally. Valuable in chronic conditions where sleep is a desirable therapeutic aid.

Barbitol, Abbott (as well as Barbitol-Sodium, Abbott) is supplied in tubes of 200 tablets, grs. 5 each; bottles of 100; and in powder form in 1-ounce bottles.

Urge your druggist to stock Barbitol and Barbitol-Sodium, Abbott, for your convenience.

## The Abbott Laboratories

Home Office and Laboratories, Dept. 32,  
CHICAGO, ILL.

New York  
Los Angeles

San Francisco  
Toronto

Bombay  
Seattle

## Attention!

# EYE, EAR, NOSE AND THROAT *Specialists*

WILL FIND OUR NEW SURGICAL DEPARTMENT OF  
GREAT HELP TO THEM. NO NEED TO SEND  
EAST FOR DESIRED ARTICLES.

SATISFACTORY <sup>R</sup> WORK FOR MORE THAN 27 YEARS

# MERRY OPTICAL COMPANY

SURGICAL DEPARTMENT  
KANSAS CITY, MO.

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS

BIRMINGHAM  
WICHITA  
LOUISVILLE

DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

SEND YOUR ORDERS TO OUR NEAREST HOUSE. THEY WILL RECEIVE PROMPT ATTENTION



# *The Natural Coagulant of Blood*

Thromboplastin Solution (Armour) is a specific hemostatic and is made from the brain substance of Kosher killed cattle. This brain tissue of cattle killed according to Mosaic law is uninjured and by the Armour process this "principle" which causes coagulation is extracted and supplied to the medical profession in standardized and sterilized form.

Thromboplastin Solution (Armour) is useful in the treatment of hemorrhage especially that from oozing surface, scar tissue and the nose and throat.

25 c. c. vials, in dated packages.

Pituitary Liquid (Armour) is the most trustworthy solution of the Posterior Pituitary Substance. It is free from preservatives and is standardized physiologically by the Roth method.  $\frac{1}{2}$  c. c. and 1 c. c. ampoules.

Thyroids (Armour) runs uniformly 0.2 per cent organic iodine in Thyroid combination. Thyroid Tablets (Armour)  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grain. When Thyroids is indicated specify Armour's.

*We offer all the endocrine gland preparations in powder and tablets. All drying of the glands is done in vacuum ovens at a low temperature. This insures uninjured therapeutic value.*



Circulars on request

**ARMOUR & COMPANY**  
CHICAGO

**SUCCESSFULLY PRESCRIBED  
OVER ONE-THIRD CENTURY**

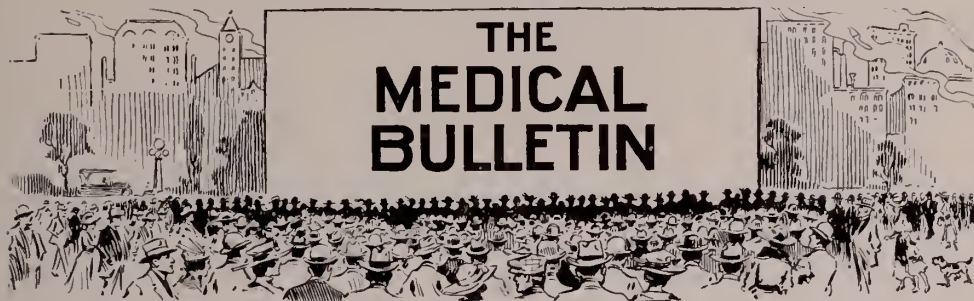
# "HORLICK'S"

**The STANDARD product, assuring the most  
reliable results from the use of Malted Milk**

Imitators cannot reproduce our Original process and consequently lack the distinctive quality and flavor of the Genuine "Horlick's"

*For information concerning medical and surgical  
uses, and for prepaid samples, write—*

**Horlick's Malted Milk Co.**  
RACINE, WIS.



# THE MEDICAL BULLETIN

PERTINENT PARAGRAPHS FOR PHYSICIANS. QUICKLY READ AND EASILY DIGESTED

## WHAT IS CINCHOPHEN?

Cinchophen, Abbott, is Phenylcinchoninic Acid, introduced as Atophan, under which name it secured wide popularity among the medical profession. Cinchophen, Abbott, has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association, and was ordered in large quantities during the war by the United States Government.

Cinchophen, Abbott, stimulates the kidneys so as to increase the amount of urine, and has a selective action on the excretion of uric acid, which is increased in greater ratio than the increase in the amount of urine. Cinchophen, therefore, effects a reduction of the uric acid content of the blood.

Cinchophen, Abbott, is useful wherever it is desirable to increase the flow of urine and the excretion of uric acid. Indications for its use are gout, rheumatism, sciatica, neuritis and gonorrheal joint disease. In gouty conditions it is generally admitted to be the remedy of greatest value.

## THE SERIOUSNESS OF SLEEP

Every doctor has seen how wakeful nights wear out a patient's strength and how a few hours of sound, refreshing slumber change the patient from a nervous wreck into a cheerful, reasonable human being. Many remedies have been used for the induction of sleep, but most of them have been superseded by Barbitol, or, as it was formerly known, Veronal. This remedy is efficient, it is nearly free from depressant action, and, under normal conditions, it does not induce habit formation. So important is this remedy that when German Veronal was unobtainable in this country, several American manufacturing houses were asked by the United States Government to undertake the problem of its manufacture. The Abbott Laboratories was one of these, and, working under great difficulties, it was able to produce large quantities of it for the American Government for our soldiers and

sailors, and it is now manufacturing Barbitol of the best quality in quantities large enough to meet the civil demands.

Specify Abbott when prescribing Barbitol.

## JANUARY SUGGESTIONS

Good work, good drugs, larger practice.  
Better fees. Closer collections.

The ideal antiseptic for everyday use — Dr. Dakin's Chlorazene.

Dr. Wm. H. Wilcox, in *The Lancet*, advocates the more extensive use of bile salts therapeutically. Try Bilein (Abbott) in your cases of jaundice and as an adjuvant in the treatment of Cholelithiasis.

Are you using Bacterins? Get the Abbott Price List.

Digipoten (Abbott) is the American-made Council-passed digitalis preparation. Try it.

Can you clean a wound with soap? Neutral Sodium Soap (Abbott) is non-irritating and does not injure the skin.

Convenient branch offices are maintained by The Abbott Laboratories in New York, 31 E. 17th St.; Seattle, 225 Central Bldg.; San Francisco, 371 Phelan Bldg. Also agencies in Los Angeles, Calif., Toronto, Canada, and Bombay, India. Wholesale druggists and the retail trade are also stocked with Abbott specialties.

If you haven't the complete Price List of The Abbott Laboratories, send for one now, using the corner coupon below. Ask also for special bulk quotations on anything you want.

### SAVE MONEY

by securing now special bulk prices on Abbott's Cinchophen, Barbitol, Procaine, Chlorazene, Dichloramine-T, Parresine and other success-making products. Use the corner coupon or write today.

THE ABBOTT LABORATORIES, Dept. 32, Chicago, Ill.  
Please send me your complete up-to-date price list. Also bulk quotation on

Dr. ....

Address .....

**The  
Management  
of an  
Infant's Diet**

# Malnutrition, Marasmus or Atrophy

<b>Mellin's Food</b>	}	Analysis:	Fat . . . .	.49
4 level tablespoonfuls			Protein . . . .	2.28
<b>Skimmed Milk</b>			Carbohydrates. . .	6.59
8 fluidounces . . .			Salts . . . .	.58
<b>Water</b>	}		Water . . . .	90.06
8 fluidounces . . .				100.00

The principal carbohydrate in Mellin's Food is maltose, which seems to be particularly well adapted in the feeding of poorly nourished infants. Marked benefit may be expected by beginning with the above formula and gradually increasing the Mellin's Food until a gain in weight is observed. Relatively large amounts of Mellin's Food may be given, as maltose is immediately available nutrition. The limit of assimilation for maltose is much higher than other sugars, and the reason for increasing this energy-giving carbohydrate is the minimum amount of fat in the diet made necessary from the well-known inability of marasmic infants to digest enough fat to satisfy their nutritive needs.

**MELLIN'S FOOD COMPANY,**

**BOSTON, MASS.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

Session opens  
September 29th, 1919.

H. GRADY CALLISON, *Acting Registrar*,  
Calhoun and Lucas Streets,  
Charleston, S. C.



# B&B Surgical Dressings

## New-Day Methods

### *Scientific, Exacting—A 25-Year Evolution*

Bauer & Black has for 25 years aimed at perfection in Surgical Dressings. Many surgeons of high repute have aided our endeavors.

The B & B laboratories are models of their kind. The B & B experts are masters. B & B methods are extreme, scientific and exacting.

Every B & B Product embodies every known advance. They have kept up with your profession.

### Extreme Precautions

B & B Sterile Dressings are sterilized after sealing—by live steam following a vacuum. Their sterility is constantly proved by incubator tests made on center fibers.

B & B Handy-Fold Gauze comes, if desired, sealed in separate parchmine envelopes—10 or 30 to a package. These

envelopes are sterilized after sealing.

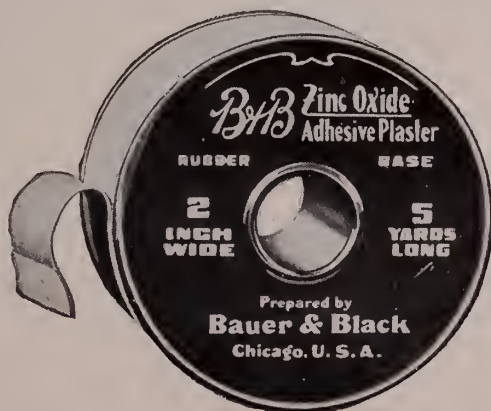
B & B Plaster Paris Bandages come in double containers, protected from moisture. Extra plaster is included. They are wrapped in water permeable paper which need not be removed in the wetting.

### The Ideal Adhesive

But one of our finest accomplishments is B & B Adhesive. The quality is due to three experts, each of whom has spent 20 years or over in the study of adhesive.

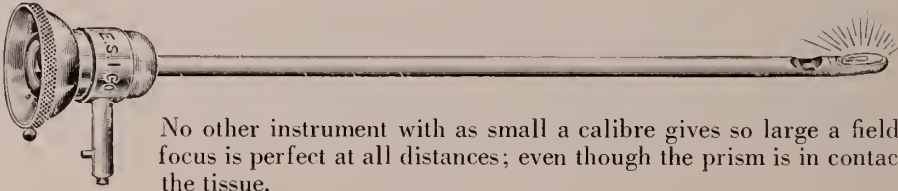
The formula is exactly right. The rubber is the sort that ages best. The spreading is done with six tons of rolls, each of which is kept at a different temperature.

You will find here your ideal adhesive, and its use will bring you new respect for all of the B & B products.



**BAUER & BLACK,** *Makers of Sterile Surgical Dressings and Allied Products*  
 Chicago                                      New York                                      Toronto

# The Holmes Nasopharyngoscope



No other instrument with as small a calibre gives so large a field. The focus is perfect at all distances; even though the prism is in contact with the tissue.

A revolving contact on the eye piece allows rotation of the instrument on its long axis within the collar to which the cord connection is attached.

Complete in metal case with extra lamp and conducting cords with make and break attachments, \$33.00.

## MERRY OPTICAL COMPANY

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS  
BIRMINGHAM

SURGICAL DEPARTMENT

KANSAS CITY, MO.

WICHITA  
LOUISVILLE  
DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

SATISFACTORY **R** WORK FOR MORE THAN 27 YEARS



WILLIAM RAY GRIFFIN, M. D.  
BERNARD R. SMITH, M. D.  
Physicians in Charge  
V. E. LIVELY, R. N.,  
Superintendent of Nurses

**APPALACHIAN HALL**  
ASHEVILLE, N. C.

ADVISORY BOARD  
C. V. REYNOLDS, M. D.  
M. H. FLETCHER, M. D.  
C. L. MINOR, M. D.  
W. L. DUNN, M. D.

**For the Treatment of Nervous and Mild Mental Diseases, Drug and Alcohol Addictions**

Situated at one of the famous health resorts of the country where climate, air, water and scientific treatment combined, make it an ideal institution for its purpose.

All buildings modern and thoroughly equipped with every convenience. Twenty-five acres of beautiful grounds, consisting of large lawns and picturesque woodland.

Outdoor and indoor games and daily hikes, basketry and handiwork are a part of the treatment and patients are required to take part in all of these under the supervision of the occupational director. Electro-hydro and psychotherapy and massage are extensively used.

Special attention given to rest cases. A trained dietitian superintends the preparation of all food. Training school for nurses.

*For further information address* **DRS. GRIFFIN & SMITH, ASHEVILLE, N. C.**

## *“Just What a Ligature Should Be”*

is the verdict of surgeons who have used  
Armour's Surgical Catgut Ligatures

THE real test of catgut is in its behavior after being buried in living tissue. The surgeon wants a ligature that is strong enough to hold, that absorbs uniformly and that is uncontaminated. What make should be demanded? *Armour's*, because the Armour Ligatures are prepared from selected lamb's gut which is sterilized before and after drying, before and after sealing hermetically in tubes; lamb's gut that is manipulated from start to finish by men who know that it is surgical sutures they are handling.

It is the effort of these men to produce the best catgut ligatures ever put out, *i. e.* a strong, smooth, supple and thoroughly sterile suture. Every lot of ligatures made in the Armour Laboratory is tested bacteriologically and no ligature is released until the bacteriologist has pronounced it *sterile*.

**ARMOUR & COMPANY**  
CHICAGO



Plain and chromic 60  
inch, sizes 000 to 4 in-  
clusive. Emergency  
lengths (20 inch).

## IN TYPHOID PNEUMONIA INFLUENZA

and other diseases most frequent at this time of year

## “Horlick's” THE ORIGINAL Malted Milk IS EXCEEDINGLY USEFUL

as it supplies the necessary nourishment with the least  
tax to the digestive system and is agreeable to the patient.

Obtain the *Genuine* by always specifying “Horlick's”





## Flat Foot

and Weak  
Arches  
Can Be  
Corrected

To restore the physiological functioning of the muscular structures it is essential that the depressed Longitudinal Arch be progressively raised and supported in position to remove all excessive muscular and ligamentous strain. This is successfully accomplished by the use of

### *Dr Scholl's Corrective Foot Appliances*

and a series of foot exercises for the purpose of strengthening and restoring usefulness to the foot and leg muscles.

Doctor, there are thousands of cases of painful feet with symptoms of antritis and gout that are caused by weak arch or flat foot. Statistics show that growing children are as susceptible as adult men or women regardless of their position in life.

Be prepared for your next case—make a physical examination and prescribe a treat-

ment as originated and perfected by Dr. Wm. M. Scholl, and as used by over twenty thousand successful practitioners.

#### **Valuable Pamphlet Free**

If you will write your name and address on a post-card we will send you, post free, a new pamphlet just published—"Foot Weakness and Correction for the Physician," and include a chart of foot exercises.

**The Scholl Mfg. Co., 213 W. Schiller St., Chicago, Ill.**  
NEW YORK      TORONTO      LONDON

# TUBERCULOSIS

In the treatment of tuberculosis the aim is to increase the patient's resistance to the infection.

**CREOSOTE** in the more advanced stage or in the presence of fever, and **CALCIUM** for use throughout, are in the opinion of Dr. S. Solis-Cohen secondary but necessary agents in the successful management of the great mass of cases of chronic pulmonary tuberculosis.

Patients do not object to creosote in the form of **CALCREOSE** because **CALCREOSE** does not disturb digestion; in fact it stimulates the appetite, favors digestion, promotes nutrition—acting as a tonic.

Physiological chemists claim that the use of calcium is of distinct benefit in nutrition, especially as the diet is more often deficient in calcium than any other chemical element.

Therefore, **CALCREOSE**, a combination of calcium and pure beechwood creosote, is an ideal therapeutic agent for use in these cases.

*Write for further details and samples*

**THE MALTBIE CHEMICAL CO.**

Newark, New Jersey

## CALCREOSE

### Use SHERMAN'S Bacterial Vaccines

TO

Protect Your Patients

AGAINST

COLDS      INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



### Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line, ten miles from the center of the city, near a beautiful suburb, Smyrna.

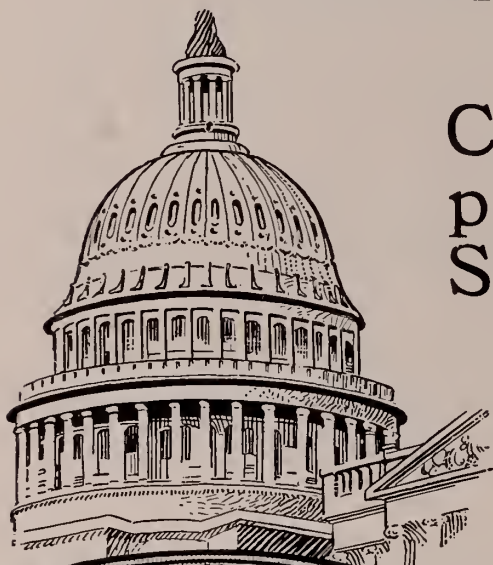
The grounds comprise eighty acres of shaded lawns. Buildings are steam-heated, electrically lighted, and many rooms have private bath. Building for mental patients absolutely fireproof. Every equipment for the scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building      ATLANTA, GEORGIA

# CALUMET

## BAKING POWDER



Complies with  
pure food laws,  
State and National.

The wholesomeness of  
such ingredients as are  
used in Calumet is at-  
tested by The Remsen  
Referee Board.

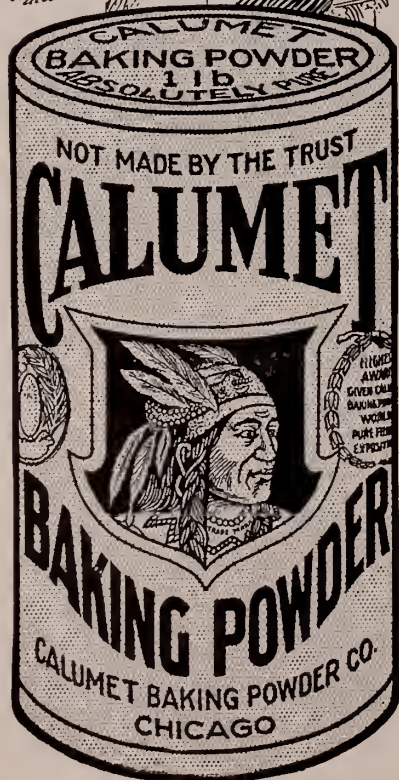
It is recommended by Physi-  
cians and Chemists.

It is manufactured in the largest,  
finest and most sanitary Baking  
Powder Plant in the world.

It is used by domestic science teachers  
and experts and by the United States  
Army and Navy.

It is the favorite Baking powder in  
millions of American Homes.

**CALUMET BAKING POWDER CO.**  
CHICAGO, ILLINOIS



PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.



**PETTEY & WALLACE**  
**SANITARIUM**  
 958 S Fifth Street  
 MEMPHIS, TENN.



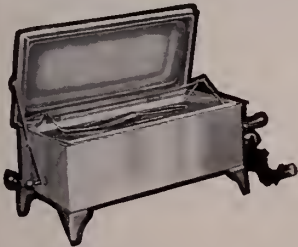
FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM**  
**MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



**Safety Automatic Electric Sterilizer**

UNCONDITIONALLY GUARANTEED

10 Days' Free Trial Offer. Sold with the understanding that if not entirely satisfactory same should be returned to us within 10 days and money will be promptly refunded.

Order from this ad. Specify current.

9-3035 Size 10x5x4 in.....\$24.50  
 9-3036 Size 17x7x5 in..... 28.50

**FRANK S. BETZ CO., HAMMOND, IND.** Chicago Salesrooms, 30 E. Randolph St.

"IN probably no other line of business in Florida does one firm so far outclass all its competitors as does the **RECORD COMPANY** when it comes to fine printing."

One of the biggest printing buyers in Florida said that.

## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## FOR DIET CONTROL IN INFANT FEEDING

The choice of these dependable products affords the physician convenient means of selecting food mixtures suited to the individual requirements of the individual cases.

### MEAD'S DEXTRI-MALTOSE No. 1

(With Sodium Chloride, 2%)

For general use in infant feeding. Especially indicated in infants recovering from diarrhea, infants with feeble powers of digestion who have tendencies to diarrhea. Valuable as an addition to Protein Milk.

### MEAD'S DRY MALT SOUP STOCK

For difficult feeding cases. Indicated in marasmus, weight disturbance (failure to gain), infants afflicted with recurrent diarrhea from intestinal indigestion, and those cases occasionally met which do not do well on milk, water and sugar mixtures.

### MEAD'S DEXTRI-MALTOSE No. 3

(With Potassium  
Carbonate, 2%)

For use in constipation, when boiled feedings are used, or where the addition of potassium to the infant's diet is indicated.

*Full information regarding these products furnished on request*

**MEAD JOHNSON & CO., EVANSVILLE, IND.**

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

## *For Injuries to the Skin*

While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

Surgeons will find it useful to seal wounds after operations instead of collodion dressings.

It maintains the uniform temperature necessary to promote rapid cell growth.

It accommodates itself readily to surface irregularities, without breaking.

## Stanolind Petrolatum

### *A New, Highly Refined Product*

Vastly superior in color to any other petrolatum heretofore offered.

The Standard Oil Company of Indiana guarantees, without qualification, that no purer, no finer, no more carefully prepared petrolatum can be made.

Stanolind Petrolatum is manufactured in five grades, differing one from the other in color only.

Each color, however, has a definite and fixed place in the requirements

of the medical profession.

"Superla White" Stanolind Petrolatum.

"Ivory White" Stanolind Petrolatum.

"Onyx" Stanolind Petrolatum.

"Topaz" Stanolind Petrolatum.

"Amber" Stanolind Petrolatum.

The Standard Oil Company, because of its comprehensive facilities, is enabled to sell Stanolind Petrolatum at unusually low prices.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.



# An Ounce or a Pound?

THE world has long since concluded that “an *ounce* of prevention is worth a *pound* of cure.” The most successful doctors—those who render a real service to humanity—are those who *conserve* health as well as *restore* it.

Pure, wholesome food is a well-known preventive of ill health; and for thirty years

## Calumet Baking Powder

has excelled as a preparer of good food. It makes bread and biscuits light and digestible.

Doctors who have investigated the action, properties and residues of various leavening agents, recommend “CALUMET.” It is used in their own homes. Such ingredients as are used in the manufacture of “CALUMET” have been approved by the Remsen Board of consulting scientific experts, appointed by the United States Government and composed of men whose ability is acknowledged and whose conclusions are accepted.

A copy of the U. S. Bulletin No. 103, containing the findings of the Remsen Board, will be sent by us to any doctor upon request.

**CALUMET BAKING POWDER COMPANY**

CHICAGO, ILLINOIS

## PETTEY & WALLACE SANITARIUM

958 S Fifth Street  
MEMPHIS, TENN.



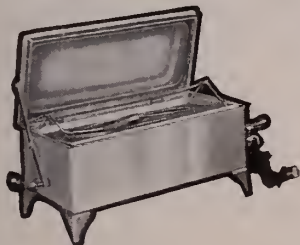
### FOR THE TREATMENT OF DRUG ADDICTION, ALCOHOLISM MENTAL and NERVOUS DISEASES

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



## Safety Automatic Electric Sterilizer

UNCONDITIONALLY GUARANTEED

10 Days' Free Trial Offer. Sold with the understanding that if not entirely satisfactory same should be returned to us within 10 days and money will be promptly refunded.

Order from this ad. Specify current.

9-3035 Size 10x5x4 in.....\$24.50  
9-3036 Size 17x7x5 in..... 28.50

FRANK S. BETZ CO., HAMMOND, IND. Chicago Salesrooms, 30 E. Randolph St.

"IN probably no other line of business in Florida does one firm so far outclass all its competitors as does the RECORD COMPANY when it comes to fine printing."

One of the biggest printing buyers in Florida said that.

## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

The laboratory of clinical pathology is well equipped for making pathological, bacteriological, serological and chemical examinations for physicians and surgeons. All specimens reported upon on the same day received where practicable.

The X-ray laboratory is equipped with a modern 10 Kilowatt Snook Transformer and a Single Unit Victor Table adaptable to both vertical and horizontal fluoroscopy and radiography. Both diagnostic and treatment work is done in this department personally by Dr. Landham who was formerly associated with Dr. W. F. Manges in Roentgenology at the Jefferson Medical College and Hospital.

Fee lists and containers for pathological specimens and information in reference to X-ray work furnished upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## SUGAR SHORTAGE

*Does It Affect Your Infant Feeding Cases?*

CANE SUGAR, as the added carbohydrate in an infant's diet, *can safely be replaced by*

**MEAD'S DEXTRI-MALTOSE**  
(Malt Sugar)

*without making any other alteration of the feeding formula; in fact, the change from cane sugar to Dextri-Maltose frequently results in greater gain in weight.*

Mead's Dextri-Maltose is well borne by most infants. It is more readily assimilated and less liable to cause digestive disturbances than cane sugar.

If there is a shortage of cane sugar in your city, do not hesitate to try Dextri-Maltose in your feeding cases. Most pediatricists prefer it to cane sugar.

*A post card will bring literature and liberal samples.*

**MEAD JOHNSON & CO., EVANSVILLE, IND.**



# "COUNCIL PASSED"

## ABBOTT'S DICHLORAMINE-T

Special literature on request

## ABBOTT'S CHLORCOSANE

Oil Solvent for Dichloramine-T

## ABBOTT'S CHLORAZENE

Send for Sample and Booklet

## ABBOTT'S CHLORAZENE GAUZE

Send for a sample

## ABBOTT'S PARRESINE

Booklet "The Treatment of Burns" free on request

## ABBOTT'S PARRESINED LACE- MESH DRESSING

Sample on request

## ABBOTT'S HALAZONE

Dakin's tablet for water purification

## ABBOTT'S BARBITAL

Introduced as Veronal  
Booklet on request

## ABBOTT'S PROCAINE (A-P)

Send for Booklet

## ABBOTT'S CINCHOPHEN

Special Booklet on Request

## ABBOTT'S DIGIPOTEN

A DeLuxe Digitalis Preparation

## ABBOTT'S GALACTENZYME

Containing Bacillus Bulgaricus

## ABBOTT'S BIOLOGICS

Booklet on request

WRITE FOR COMPLETE PRICE LIST—Also for Bulk Prices and Literature. When prescribing specify Abbott's. Let us stock your druggist for your convenience in prescribing. Send us his name.

## THE ABBOTT LABORATORIES, Dept. 32, CHICAGO, ILL.

New York  
31 E. 17th St.

Seattle  
225 Central Bldg.

San Francisco  
371 Phelan Bldg.

Los Angeles  
634 I. W. Hellman Bldg.

Toronto

Bombay

### A New Medical Book

# SYPHILIS

A TREATISE ON ETIOLOGY, PATHOLOGY, DIAGNOSIS.  
PROGNOSIS, PROPHYLAXIS AND TREATMENT

650 pages, 6x9, with 160 illustrations in the text, and 16 color plates. Price, silk cloth binding, \$6.50

Dr. Hazen has prepared the first book that covers the whole field of syphilis in an authoritative way. Special sections have been written by Major M. A. Reasoner on Infection and Immunity; Dr. H. A. Fowler on Syphilis of the Male Genito-Urinary Organs; Dr. John Dunlop on the Bones, Joints, Muscles, Tendons and Bursae; Dr. John Lind on Central Nervous System; Drs. Virginius Dabney and L. H. Greene on the Ear and Eye; Col. Charles F. Craig on Wassermann Reaction in Diagnosis and Treatment; Dr. Jay F. Schamberg on Toxicology and Therapeutic Testing of Arsphenamine; Capt. Walter Van Sweringen on Diagnosis of Syphilis from Radiographer's Standpoint; Dr. Edward H. Reede on Endocrine Glands. The beautiful photomicrographs form a distinctive feature of this book.

✂ You should send for this new book today. Just sign the attached coupon and mail today. Special terms of payment can be arranged for.

### C. V. Mosby Company—Medical Publishers

801-809 Metropolitan Building, St. Louis, U. S. A.

Send for a copy of our revised catalog of medical, dental, and nursing books

By Henry H. Hazen,  
A.B., M.D.

Professor of Dermatology and Syphilology, Medical Department of Georgetown University; Professor of Dermatology and Syphilology, Medical Department of Howard University; Author of "Diseases of the Skin," "Cancer of the Skin," etc.

THE C. V. MOSBY COMPANY  
St. Louis, Mo., Metropolitan Bldg.

Please send me a copy of the new book by Hazen on "Syphilis," for which I enclose \$6.50, or you may charge to my account.

Name.....

Address.....

Revised EditionNow Ready

# Formulas for Infant Feeding

BASED UPON

# Mellin's Food Method

OF

# Milk Modification

*Physicians may obtain a copy of this book upon request*

**Mellin's Food Company**

**Boston, Mass.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

**Women admitted on the same terms as men.**

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar*,  
Calhoun and Lucas Streets,  
Charleston, S. C.

Session opens  
September 29th, 1919.

# B&B Surgical Dressings

## Sterilized After Sealing *Made By Masters With Exacting Care*

B&B sterile dressings are sterilized in the making. Then, after wrapping, they are sterilized again—by live steam following a vacuum.

To prove their utter sterility, center fibers are constantly given incubator tests. That is one extreme method used to protect the users of B&B Products.

### 25-Year Developments

For 25 years, in collaboration with surgeons, we have studied perfection in B&B products.

The B&B laboratories are models of their kind. The B&B experts are masters. The B&B methods are scientific, exacting and extreme. Every B&B product typifies the pinnacle of progress.

Many advances originated here. For instance, Handy-Fold Gauze, where each piece comes sealed in a parchmine envelope. Also Plaster Paris Bandages in double containers, wrapped in water permeable paper which need not be removed in wetting.

### One Fine Example

B&B Adhesive is a fine example of what we have accomplished. A non-irritating plaster which will keep its freshness. Made with the rubber which ages best. Spread so that every inch is perfect.

The Ideal Adhesive is a difficult accomplishment. You will find it in B&B Adhesive. Its use will give you high respect for all of the B&B Products.



**BAUER & BLACK, Chicago, New York, Toronto**  
*Makers of Sterile Surgical Dressings and Allied Products*



# *The Natural Coagulant of Blood*

Thromboplastin Solution (Armour) is a specific hemostatic and is made from the brain substance of Kosher killed cattle. This brain tissue of cattle killed according to Mosaic law is uninjured and by the Armour process this "principle" which causes coagulation is extracted and supplied to the medical profession in standardized and sterilized form.

Thromboplastin Solution (Armour) is useful in the treatment of hemorrhage especially that from oozing surface, scar tissue and the nose and throat.

25 c. c. vials, in dated packages.

Pituitary Liquid (Armour) is the most trustworthy solution of the Posterior Pituitary Substance. It is free from preservatives and is standardized physiologically by the Roth method.  $\frac{1}{2}$  c. c. and 1 c. c. ampoules.

Thyroids (Armour) runs uniformly 0.2 per cent organic iodine in Thyroid combination. Thyroid Tablets (Armour)  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1 and 2 grain. When Thyroids is indicated specify Armour's.

*We offer all the endocrine gland preparations in powder and tablets. All drying of the glands is done in vacuum ovens at a low temperature. This insures uninjured therapeutic value.*



Circulars on request

**ARMOUR & COMPANY**  
CHICAGO

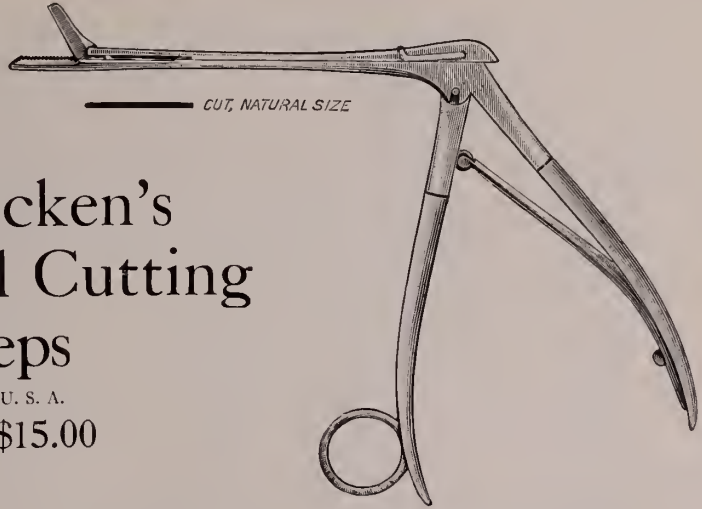
## IN TYPHOID PNEUMONIA INFLUENZA

and other diseases most frequent at this time of year

## **"Horlick's"** THE ORIGINAL **Malted Milk** IS EXCEEDINGLY USEFUL

as it supplies the necessary nourishment with the least tax to the digestive system and is agreeable to the patient.

Obtain the *Genuine* by always specifying "Horlick's"



# Von Strucken's Nasal Cutting Forceps

Made in U. S. A.

Price \$15.00

## MERRY OPTICAL COMPANY

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS  
BIRMINGHAM

SURGICAL DEPARTMENT

KANSAS CITY, MO.

WICHITA  
LOUISVILLE  
DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

Satisfactory Prescription Work for More Than 27 Years



WILLIAM RAY GRIFFIN, M. D.  
BERNARD R. SMITH, M. D.  
Physicians in Charge  
V. E. LIVELY, R. N.,  
Superintendent of Nurses

## APPALACHIAN HALL

ASHEVILLE, N. C.

ADVISORY BOARD  
C. V. REYNOLDS, M. D.  
M. H. FLETCHER, M. D.  
C. L. MINOR, M. D.  
W. L. DUNN, M. D.

**For the Treatment of Nervous and Mild Mental Diseases, Drug and Alcohol Addictions**

Situated at one of the famous health resorts of the country where climate, air, water and scientific treatment combined, make it an ideal institution for its purpose.

All buildings modern and thoroughly equipped with every convenience. Twenty-five acres of beautiful grounds, consisting of large lawns and picturesque woodland.

Outdoor and indoor games and daily hikes, basketry and handiwork are a part of the treatment and patients are required to take part in all of these under the supervision of the occupational director. Electro-hydro and psychotherapy and massage are extensively used.

Special attention given to rest cases. A trained dietitian superintends the preparation of all food. Training school for nurses.

For further information address **DRS. GRIFFIN & SMITH, ASHEVILLE, N. C.**



## Metatarsalgia and Callouses Caused by Weakened Transverse Arch

This condition is recognized by depression of the Transverse Arch anteriorly or at the base of the Metatarsal bones. The dome-like arching is obliterated and painful callosities or corns form over the depressed Metatarsal heads. The foot broadens, the toes become dorsal flexed. Bunions appear at the First and Fifth Metatarso-Phalangeal articulations. Digital nerves become impinged and severe cramp-like pains are experienced through the toes. This is described by Whitman as Morton's Toe.

These conditions, Doctor, are quickly relieved and permanently corrected by the use of

### *Dr Scholl's* *Corrective Foot Appliances*

These appliances are especially designed and constructed to restore the Anterior Arch, remove abnormal pressure and permit full freedom of motion to the entire foot. Different types to meet all emergencies.

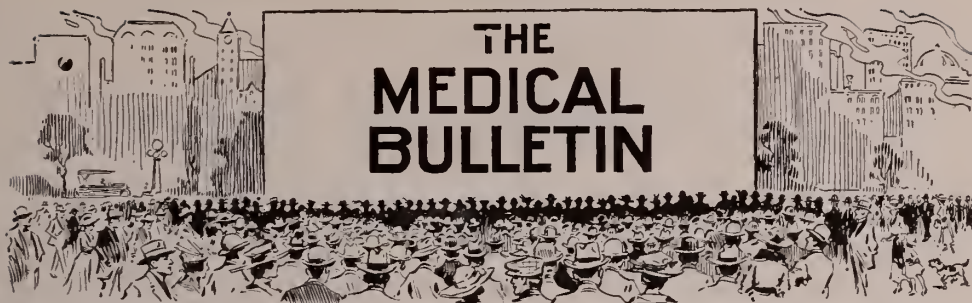
Sold and fitted by leading shoe dealers in

every community who have been instructed in Anatomy of the foot and how to properly apply correctives to the foot and shoe.

Important pamphlet, "*Foot Weakness and Correction for the Physician*," mailed upon request.

The Scholl Mfg. Co., 213 W. Schiller St., Chicago, Ill.  
NEW YORK      TORONTO      LONDON





## Being Brief Notes Regarding Council-Passed Products

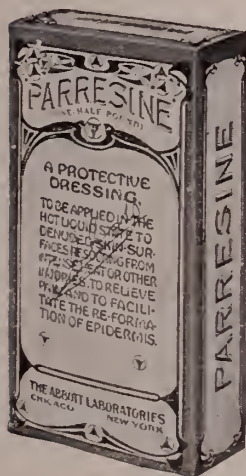
### An Antiseptic Surgical Cream Chlorazene Surgical Cream



(Abbott) prepared according to the formula of Carrel and Daufresne of Rockefeller Institute, contains 1% of Chlorazene in a neutral sodium stearate base. It is powerfully germicidal. The net price per jar is \$0.60.

Try this cream in your surgical cases. It is an ideal application for wounds and gives splendid results where the usual ointment fails.

### A non-secret wax dressing for burns.



### Parresine (Abbott)

sprayed or painted hot over a burned surface relieves the pain immediately and facilitates the growth of underlying epithelia. Every doctor should have a supply of Parresine on hand for emergencies.

Also the Abbott Parresine Atomizer and Parresined Lace Mesh Dressing.

The net price per pound (two cakes) is \$1.01.

### Indicated in Gout

### Cinchophen (Abbott)



(Phenylcinchoninic Acid) is probably the best of all remedies for Gout and the many affections of uric-acid origin. The net price per tube of 20 tablets is \$0.94.

### For Producing Sleep

Barbital is manufactured under license from the U. S. Federal Trade Commission. It was introduced as Veronal with which it is identical.



Barbital (Abbott) is one of our safest hypnotics and sedatives. One to two 5-grain tablets taken at bedtime will induce quiet, restful, dreamless sleep. The net price per 100 tablets is \$3.38.

Complete Price List of the Abbott products or special literature on any of the items shown above, will be sent on request. Your orders will be filled promptly, direct through our home office or convenient branch points, or through the regular channels of the retail drug trade or physicians supply house. Prices are subject to change without notice. Get your order in early.

## THE ABBOTT LABORATORIES

Home Office and Laboratories

NEW YORK SAN FRANCISCO SEATTLE LOS ANGELES TORONTO BOMBAY

Dept. 32, Chicago, Ill.

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

**The  
Management  
of an  
Infant's Diet**

# Infants' Stools

Regularity in bowel movements contributes much toward normal, healthful progress, and a knowledge of the number and character of the stools during each twenty-four hours is an important part of the general management of early life and assists much in properly adjusting the diet.

Suggestions for the regulation of infants' stools by slight changes in the make-up of the diet and particularly in relation to

## Constipated Movements

are given in our book, "Formulas for Infant Feeding," and in a pamphlet devoted especially to this subject. This literature will be sent to physicians who are interested in the matter.

**Mellin's Food Company,**

**Boston, Mass.**

# MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar,*  
Calhoun and Lucas Streets,  
Charleston, S. C.

Session opens  
September 29th, 1919.

# B&B Surgical Dressings

## Supreme Attainments

Thousands of physicians find in B&B Dressings the supreme attainments in this line today.

They come from a model laboratory. They result from 26 years of scientific study. They are made by methods extreme and exacting — exceeding usual requirements.

### Some samples

All B&B Sterile Dressings are sterilized in the package after being sealed, and the results are checked constantly by incubator tests, using center fibers.

B&B Handy Fold Gauze comes in sealed parchmine envelopes, which are sterilized after sealing.

B&B Formaldehyde Fumigators conform to Government requirements. This makes them slightly more expensive, but it makes them efficient.

B&B Plaster Paris Bandages come in double-walled containers. They are wrapped in water permeable paper, so the wrapper need not be removed in the wetting. Extra plaster in the side walls serves for finishing.

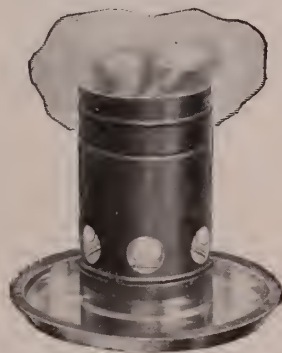
### The ideal adhesive

B&B Adhesive is a unique attainment. Three of the ablest experts in this line have spent many years in perfecting it.

The formula is right. The rubber ages well. The spreading is even and exact. Doesn't slip or creep.

We invite you to try this as one sample of the B&B attainments.

Learn also the unique power of B&B Fumigators. We stand with you who stand for efficiency, for sterility, for utter care and scientific methods.



**BAUER & BLACK, Chicago, New York, Toronto**  
*Makers of Sterile Surgical Dressings and Allied Products*



## *“Just What a Ligature Should Be”*

is the verdict of surgeons who have used  
Armour's Surgical Catgut Ligatures

THE real test of catgut is in its behavior after being buried in living tissue. The surgeon wants a ligature that is strong enough to hold, that absorbs uniformly and that is uncontaminated. What make should be demanded? *Armour's*, because the *Armour* Ligatures are prepared from selected lamb's gut which is sterilized before and after drying, before and after sealing hermetically in tubes; lamb's gut that is manipulated from start to finish by men who know that it is surgical sutures they are handling.

It is the effort of these men to produce the best catgut ligatures ever put out, *i. e.* a strong, smooth, supple and thoroughly sterile suture. Every lot of ligatures made in the *Armour* Laboratory is tested bacteriologically and no ligature is released until the bacteriologist has pronounced it *sterile*.



**ARMOUR & COMPANY**  
CHICAGO

Plain and chromic 60  
inch, size 000 to 4 in-  
clusive. Emergency  
lengths (20 inch).

## IN TYPHOID PNEUMONIA INFLUENZA

and other diseases most frequent at this time of year

## “Horlick's” THE ORIGINAL Malted Milk IS EXCEEDINGLY USEFUL

as it supplies the necessary nourishment with the least  
tax to the digestive system and is agreeable to the patient.

Obtain the *Genuine* by always specifying “*Horlick's*”

## SPECIALISTS:

In Eye, Ear, Nose and Throat work will find our line of Surgical Instruments, Accessories, Sundries, etc., unusually complete.

The filling of prescriptions for Ophthalmic Lenses is given the utmost care; backed by more than 27 years of real service.

## MERRY OPTICAL COMPANY

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS  
TULSA, OKLA.  
BIRMINGHAM

SURGICAL DEPARTMENT  
KANSAS CITY, MO.

WICHITA  
LOUISVILLE  
DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY  
LITTLE ROCK, ARK.



WILLIAM RAY GRIFFIN, M. D.  
BERNARD R. SMITH, M. D.  
Physicians in Charge  
V. E. LIVELY, R. N.,  
Superintendent of Nurses

**APPALACHIAN HALL**  
ASHEVILLE, N. C.

ADVISORY BOARD  
C. V. REYNOLDS, M. D.  
M. H. FLETCHER, M. D.  
C. L. MINOR, M. D.  
W. L. DUNN, M. D.

**For the Treatment of Nervous and Mild Mental Diseases, Drug and Alcohol Addictions**

Situated at one of the famous health resorts of the country where climate, air, water and scientific treatment combined, make it an ideal institution for its purpose.

All buildings modern and thoroughly equipped with every convenience. Twenty-five acres of beautiful grounds, consisting of large lawns and picturesque woodland.

Outdoor and indoor games and daily hikes, basketry and handiwork are a part of the treatment and patients are required to take part in all of these under the supervision of the occupational director. Electro-hydro and psychotherapy and massage are extensively used.

Special attention given to rest cases. A trained dietitian superintends the preparation of all food. Training school for nurses.

*For further information address* **DRS. GRIFFIN & SMITH, ASHEVILLE, N. C.**

**This  
Gives  
Relief**



to tired, aching feet, tender heels, cramped toes and bodily fatigue caused by weak or fallen arch. It is light in weight, self adjusting and easy to wear, affording just the right pressure at the right spot and is indicated in those cases of early foot strain or in incipient flat-foot.

Specify Dr. Scholl's Foot-Eazer which is only one of the many

## ***Dr Scholl's*** ***Corrective Foot Appliances***

Leading shoe dealers in all parts of the world are now prepared to follow physicians' instructions as regards application and adjustment, as they have been instructed through our educational course of training in Practipedics.



Write for copy of valuable pamphlet, "Foot Weakness and Correction for the Physician," and chart of corrective foot exercises as recommended by Medical Department, U. S. A.

**The Scholl Mfg. Co.**

213 W. Schiller Street  
Chicago, Ill.

NEW YORK

TORONTO

LONDON



C  
A  
L  
C  
R  
E  
O  
S  
E

# Full Creosote Action

For a time physicians lost faith in creosote because while it was possessed of valuable therapeutic properties, it could not be taken in doses large enough to be effective nor for a sufficiently long time to produce a permanent effect. Patients soon complained of gastric distress and discomfort, of nausea even, and refused to take any more creosote.

CALCREOSE is a mixture of calcium and pure beechwood creosote. It can be taken in fairly large doses (as high as 160 grains a day have been taken) and for months at a time without causing any gastric distress, and the full therapeutic effect of the creosote is made manifest. CALCREOSE contains approximately 50 per cent of creosote. Therefore CALCREOSE is an ideal means for administering creosote in all those conditions in which creosote is indicated, especially the various forms of acute and chronic bronchitis and the respiratory complications of Influenza. As a gastrointestinal antiseptic, CALCREOSE exhibits full creosote effect.

*For Samples and Literature Address*

**The Maltbie Chemical Company**

Newark, New Jersey

Use  
**SHERMAN'S**  
Bacterial Vaccines

TO

Protect Your Patients

AGAINST

COLDS      INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line, ten miles from the center of the city, near a beautiful suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns. Buildings are steam-heated, electrically lighted, and many rooms have private bath. Building for mental patients absolutely fireproof. Every equipment for the scientific treatment of patients

*Address:* Dr. JAMES N. BRAWNER

701-02 Grant Building      ATLANTA, GEORGIA



# The Best By Every Test

## Calumet Baking Powder Excels

**CHEMICALLY**, it is correct. Enough of the acid phosphate in the powder has been replaced with Sodium Alum (which is not to be confounded with drug-store alum) to insure its keeping qualities and give it proper speed of action in the mix.

**PHYSICALLY**, it is pure. None but the highest quality of ingredients, carefully tested beforehand, are used in its manufacture, which is carried on in the largest and most sanitary baking-powder plant in the world. The powder is not touched by human hands at any point in the process.

**PHYSIOLOGICALLY**, it is wholesome. There are no tartrate residues.

**DOMESTICALLY**, it is efficient and dependable. It keeps well. It gives off its gas neither too quickly or too slowly, but penetrates the entire mix. It produces a dainty and healthful baking.

For all these reasons, CALUMET is the favorite baking powder in millions of American homes, and is widely used in hotels and public institutions. It commands the recommendation of thoughtful physicians.

Special terms for  
hospitals, sanitariums, etc.



**PETTEY & WALLACE**  
**SANITARIUM**  
 958 S F 5th Street  
 MEMPHIS, TENN.



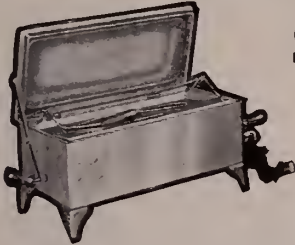
FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM**  
**MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



**SAFETY AUTOMATIC ELECTRIC STERILIZER**

UNCONDITIONALLY GUARANTEED

10 DAYS' FREE TRIAL OFFER. Sold with the understanding that if not entirely satisfactory same should be returned to us within 10 days and money will be promptly refunded.

9-3035 Size 10x5x4 in....\$24.50  
 9-3036 Size 17x7x5 in.... 28.50

*Order from this ad. Specify current.*

**FRANK S. BETZ CO., Hammond, Ind.** Chicago Salesrooms: 30 E. Randolph St.

“IN probably no other line of business in Florida does one firm so far outclass all its competitors as does the RECORD COMPANY when it comes to fine printing.”

One of the biggest printing buyers in Florida said that.



## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

### The Wassermann Test

"I can not urge too strongly upon the profession the necessity for submitting material for this test to well-qualified serologists if reliable results are to be obtained."

CHARLES F. CRAIG, M.D., Col., M.C., U. S. A.

The Wassermann Test, Mosby, St. Louis.

We perform these tests every day in the week except Sunday.

Reports wired upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## FOR DIET CONTROL IN INFANT FEEDING

The choice of these dependable products affords the physician convenient means of selecting food mixtures suited to the individual requirements of the individual cases.

### MEAD'S DEXTRI-MALTOSE No. 1

(With Sodium Chloride, 2%)

For general use in infant feeding. Especially indicated in infants recovering from diarrhea, infants with feeble powers of digestion who have tendencies to diarrhea. Valuable as an addition to Protein Milk.

### MEAD'S DRY MALT SOUP STOCK

For difficult feeding cases. Indicated in marasmus, weight disturbance (failure to gain), infants afflicted with recurrent diarrhea from intestinal indigestion, and those cases occasionally met which do not do well on milk, water and sugar mixtures.

### MEAD'S DEXTRI-MALTOSE No. 3

(With Potassium  
Carbonate, 2%)

For use in constipation, when boiled feedings are used, or where the addition of potassium to the infant's diet is indicated.

*Full information regarding these products furnished on request*

**MEAD JOHNSON & CO., EVANSVILLE, IND.**

# TUBERCULOSIS

In the treatment of tuberculosis the aim is to increase the patient's resistance to the infection.

**CREOSOTE** in the more advanced stage or in the presence of fever, and **CALCIUM** for use throughout, are in the opinion of Dr. S. Solis-Cohen secondary but necessary agents in the successful management of the great mass of cases of chronic pulmonary tuberculosis.

Patients do not object to creosote in the form of **CALCREOSE** because **CALCREOSE** does not disturb digestion; in fact it stimulates the appetite, favors digestion, promotes nutrition—acting as a tonic.

Physiological chemists claim that the use of calcium is of distinct benefit in nutrition, especially as the diet is more often deficient in calcium than any other chemical element.

Therefore, **CALCREOSE**, a combination of calcium and pure beechwood creosote, is an ideal therapeutic agent for use in these cases.

*Write for further details and samples*

**THE MALTBIE CHEMICAL CO.**  
Newark, New Jersey

## CALCREOSE

Use  
**SHERMAN'S**  
Bacterial Vaccines

TO

Protect Your Patients  
AGAINST

COLDS      INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**  
DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line, ten miles from the center of the city, near a beautiful suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns. Buildings are steam-heated, electrically lighted, and many rooms have private bath. Building for mental patients absolutely fireproof. Every equipment for the scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building      ATLANTA, GEORGIA



# The Best By Every Test

## Calumet Baking Powder Excels

**CHEMICALLY**, it is correct. Enough of the acid phosphate in the powder has been replaced with Sodium Alum (which is not to be confounded with drug-store alum) to insure its keeping qualities and give it proper speed of action in the mix.

**PHYSICALLY**, it is pure. None but the highest quality of ingredients, carefully tested beforehand, are used in its manufacture, which is carried on in the largest and most sanitary baking-powder plant in the world. The powder is not touched by human hands at any point in the process.

**PHYSIOLOGICALLY**, it is wholesome. There are no tartrate residues.

**DOMESTICALLY**, it is efficient and dependable. It keeps well. It gives off its gas neither too quickly or too slowly, but penetrates the entire mix. It produces a dainty and healthful baking.

For all these reasons, CALUMET is the favorite baking powder in millions of American homes, and is widely used in hotels and public institutions. It commands the recommendation of thoughtful physicians.

Special terms for  
hospitals, sanitariums, etc.





**PETTEY & WALLACE**  
**SANITARIUM**  
 958 S Fifth Street  
 MEMPHIS, TENN.



FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM**  
**MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.

**FREE ————— 1920 ————— FREE**  
**APPOINTMENT BOOK AND DESK CALENDAR**

A very practical and useful article for the PHYSICIAN, DENTIST or NURSE.

Perfectly indexed for every day in the year and every half hour of the day.

Let us send you one with your next order.

*One to a Customer. Write for Catalogues.*

**FRANK S. BETZ CO., - - Hammond, Indiana**

**“I** probably no other line of business in Florida does one firm so far outclass all its competitors as does the **RECORD COMPANY** when it comes to fine printing.”

One of the biggest printing buyers in Florida said that.

## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

### The Wassermann Test

"I can not urge too strongly upon the profession the necessity for submitting material for this test to well-qualified serologists if reliable results are to be obtained."

CHARLES F. CRAIG, M.D., Col., M.C., U. S. A.

The Wassermann Test, Mosby, St. Louis.

We perform these tests every day in the week except Sunday.

Reports wired upon request.

*Address*

**Drs. Bunce and Landham**

821-826 Healey Bldg., ATLANTA, GA.

## FOR DIET CONTROL IN INFANT FEEDING

The choice of these dependable products affords the physician convenient means of selecting food mixtures suited to the individual requirements of the individual cases.

### MEAD'S DEXTRI-MALTOSE No. 1

(With Sodium Chloride, 2%)

For general use in infant feeding. Especially indicated in infants recovering from diarrhea, infants with feeble powers of digestion who have tendencies to diarrhea. Valuable as an addition to Protein Milk.

### MEAD'S DRY MALT SOUP STOCK

For difficult feeding cases. Indicated in marasmus, weight disturbance (failure to gain), infants afflicted with recurrent diarrhea from intestinal indigestion, and those cases occasionally met which do not do well on milk, water and sugar mixtures.

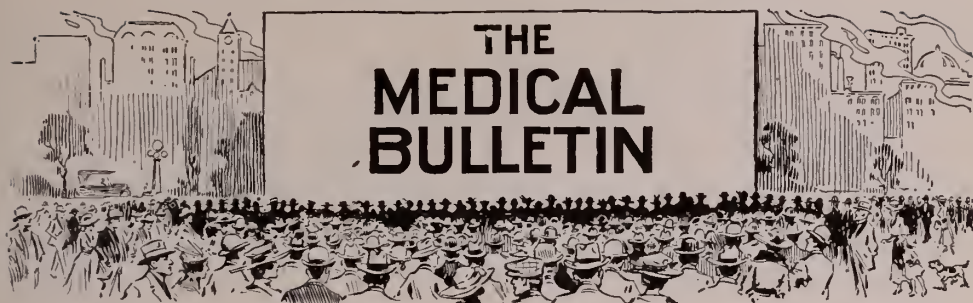
### MEAD'S DEXTRI-MALTOSE No. 3

(With Potassium  
Carbonate, 2%)

For use in constipation, when boiled feedings are used, or where the addition of potassium to the infant's diet is indicated.

*Full information regarding these products furnished on request*

**MEAD JOHNSON & CO., EVANSVILLE, IND.**



## Being Brief Notes Regarding Council-Passed Products



### A Dependable Digitalis Digipoten (Abbott)

An absolutely dependable preparation of digitalis, containing its therapeutically active glucosides minus the toxic digitosaponins and inert materials. Accepted by the Council on Pharmacy and Chemistry. Uniform in dosage, absolutely dependable. Declared by many to be the best digitalis preparation sold. You will like it. Order a sufficient quantity for every day use.

Net Price,  
500 Tablets..... **\$1.84**



### Indicated in Gout

### Cinchophen (Abbott)

(Phenylcinchoninic Acid) is probably the best of all remedies for Gout and the many affections of uric-acid origin. The net price per tube of 20 tablets is \$0.94.

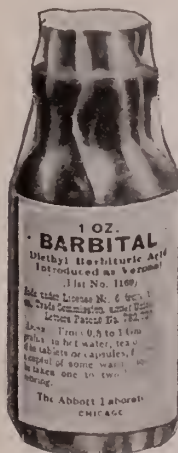


### The Carrel Surgical Soap

### Neutral Sodium Soap (Abbott)

is made up according to the formula of Carrel of The Rockefeller Institute, and is used by him for scrubbing infected wounds. It is neutral in reaction and nonirritant—the ideal surgical soap.

Net Price,  
16 ozs..... **\$1.13**



### For Producing Sleep

Barbital is manufactured under license from the U. S. Federal Trade Commission. It was introduced as Veronal with which it is identical.

Barbital (Abbott) is one of our safest hypnotics and sedatives. One to two 5-grain tablets taken at bedtime will induce quiet, restful, dreamless sleep. The net price per 100 tablets is \$3.38.

Complete Price List of the Abbott products or special literature on any of the items shown above, will be sent on request. Your orders will be filled promptly, direct through our home office or convenient branch points, or through the regular channels of the retail drug trade or physicians supply house. Prices are subject to change without notice. Get your order in early.

## THE ABBOTT LABORATORIES

Home Office and Laboratories

Dept. 32, Chicago, Ill.

NEW YORK SAN FRANCISCO SEATTLE LOS ANGELES TORONTO BOMBAY

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.



The  
Management  
of an  
Infant's Diet

# Constipation

In a very large percentage of cases of constipation in early life, this annoying condition is due largely to some fault in the diet, and usually the difficulty can be easily traced to an incomplete digestion of protein or of fat. By changing the food and advising a daily diet prepared according to

## The Mellin's Food Method of Milk Modification

the condition is very often corrected immediately, for the reason that Mellin's Food helps materially in the digestion of cow's milk. In cases where the condition has persisted for some time, simple changes in the proportion of Mellin's Food, milk and water will soon bring about normal stools.

Practical suggestions relative to the readjustment of the diet are set forth clearly in the chapter on "Stools" in our book, "Formulas for Infant Feeding." We also have a pamphlet devoted particularly to the subject, and all of this literature will be sent to any physician upon request.

**Mellin's Food Company,**

**Boston, Mass.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

Session opens  
September 29th, 1919.

H. GRADY CALLISON, *Acting Registrar,*  
Calhoun and Lucas Streets,  
Charleston, S. C.

# B & B Formaldehyde Fumigators

## We Stand With You

We stand with you who stand for high requirements in this important line.

### We stand for sterility

B & B Dressings are not merely sterilized in the making. They are sterilized after being packed.

Not in a perfunctory way, but by live steam following a vacuum. Not in an uncertain way. Center fibers are constantly submitted to incubator tests.

### We stand for protection

B & B Handy-Fold Gauze comes in sealed parchmine envelopes, all sterilized after sealing.

B & B Absorbent Cotton can be used without removing the roll from the carton.

### We stand for efficiency

B & B Formaldehyde Fumigators conform to Government requirements. They do what you want done.

Your every use of B & B products will increase your respect for our methods.

### We stand for convenience

B & B Plaster Paris Bandages come in double-walled containers. Between the walls you find the extra loose plaster that you need.

They are wrapped in water permeable paper, so the wrapper need not be removed in the wetting.

### We stand for perfection

B & B Adhesive is a many-year evolution. It is made by experts who have devoted their lives to adhesive.

The formula is right. A rubber expert prepares for it a rubber that will age well. A masterspreader, using great machines, spreads every inch alike.

### We stand for exactness

The B & B laboratory is the model of its kind. B & B methods result from 26 years of scientific study. No surgical requirements are so extreme that we do not meet them.



**BAUER & BLACK, Chicago, New York, Toronto**  
*Makers of Sterile Surgical Dressings and Allied Products*



## Glandular Insufficiency

**W**HEREVER there is glandular insufficiency, diagnose the case and prescribe the rational treatment, specify ARMOUR'S and get Eudocrine Gland Preparations that are dependable.

No "ready-made" medicines will fit all cases. Therefore we are not offering "shot gun" combinations, but depend upon the physician to prescribe Thyroids, Corpus Luteum, Pituitary, Suprarenal, Thymus, Ovarian and other substances in such quantity or combinations as he may consider indicated. We supply tablets containing normal doses of each glandular substance for dispensing.

The Eudocrine Gland Products under the Armour label are made from fresh material which is dried in vacuum ovens at low temperature to prevent injury to active principles. Armour's Surgical Catgut Ligatures, plain and chromic, Emergency (20 inch) and Regular (60 inch) lengths are smooth, strong, sterile—"just what a ligature should be."

*Literature to Physicians on Request*

**ARMOUR & COMPANY**  
CHICAGO

## Use "Horlick's" —the Original and Genuine—

Recognized as Standard by the medical profession, who, for over a third of a century, have proven its reliability in the feeding of infants, nursing mothers, convalescents and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
*Racine, Wis.*



# Wappler Socket Controller

The best apparatus for reducing the commercial current so that Miniature Diagnostic Lamps can be used. Fits any standard light socket and works on either AC or DC current.

**LIGHT—PORTABLE—COMPACT**

**Price \$7.75**

## Merry Optical Company

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS  
BIRMINGHAM

SURGICAL DEPARTMENT  
KANSAS CITY, MO.

WICHITA  
LOUISVILLE  
DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

Satisfactory **R** Work for more than 27 years



WILLIAM RAY GRIFFIN, M. D.  
BERNARD R. SMITH, M. D.  
Physicians in Charge  
V. E. LIVELY, R. N.,  
Superintendent of Nurses

**APPALACHIAN HALL**  
ASHEVILLE, N. C.

ADVISORY BOARD  
C. V. REYNOLDS, M. D.  
M. H. FLETCHER, M. D.  
C. L. MINOR, M. D.  
W. L. DUNN, M. D.

**For the Treatment of Nervous and Mild Mental Diseases, Drug and Alcohol Addictions**

Situated at one of the famous health resorts of the country where climate, air, water and scientific treatment combined, make it an ideal institution for its purpose.

All buildings modern and thoroughly equipped with every convenience. Twenty-five acres of beautiful grounds, consisting of large lawns and picturesque woodland.

Outdoor and indoor games and daily hikes, basketry and handiwork are a part of the treatment and patients are required to take part in all of these under the supervision of the occupational director. Electro-hydro and psychotherapy and massage are extensively used.

Special attention given to rest cases. A trained dietitian superintends the preparation of all food. Training school for nurses.

*For further information address* **DRS. GRIFFIN & SMITH, ASHEVILLE, N. C.**



## Examine Your Patients' Feet for Structural Weaknesses

Weak or fallen arches or flatfoot are often the direct cause of many bodily complaints such as fatigue, nervousness, pain in legs, sciatica, painful heel, cramped toes and rheumatic symptoms. Mechanical treatment is indicated along with properly fitted shoes.

### *Dr Scholl's* *Corrective Foot Appliances*

are especially designed on anatomical and approved orthopedic principles to relieve the cause of the ligamentous strain and correct the abnormal posture. Worn inside the shoes, are comfortable to wear and easily adjustable to meet all conditions as presented to the physician.

#### Sold at Shoe Stores

Better shoe stores in every locality carry the full line of Dr. Scholl's Corrective Foot Appliances and have also been instructed in how to properly fit them. Write us for the name and address of the dealer nearest you, Doctor, and let us tell you more about

mechanical orthopedics of the foot, which subject is attracting so much attention from the medical profession at this time.

*Send Coupon for New Pamphlet*

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Fill out the coupon for your copy of "Foot Weakness and Correction for the Physician"—just published.

**The Scholl Mfg. Co.**  
213 West Schiller Street  
**Chicago**

*New York      Toronto      London*

# Six Popular, Council-Passed "Hits"

## Chlorazene Surgical Cream

A beautiful "disappearing" cream, prepared according to the formula of Carrel and Dautresne, of Rockefeller Institute; contains 1% of Chlorazene in a neutral sodium stearate base. Powerfully germicidal. Ideal for application to wounds. Very effective in erysipelas, carbuncles, eczema, dandruff, pruritus and other skin diseases. List price: per jar, 80c; **Net price..... 60c**



## Chlorazene Surgical Gauze

This gauze contains 5% of Chlorazene. When applied to a discharging wound, cavity or sinus, the antiseptic is given up sufficiently to exert the characteristic germicidal action of Chlorazene. List prices: 1-yard roll, 55c; 5-yard roll, \$2.40; Net prices: 1-yard roll, 41c; 5-yard roll ..... **\$1.80**



## Procaine

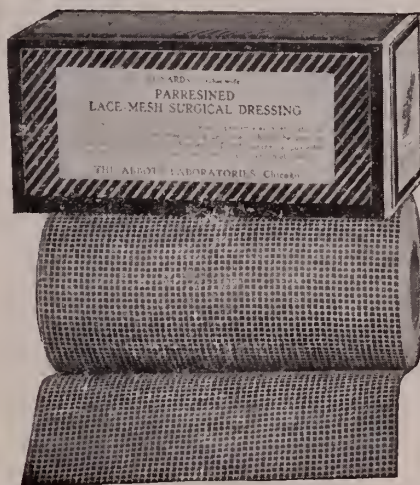
### A Trustworthy Local Anesthetic

Procaine (Abbott) is manufactured by The Abbott Laboratories under license from the Federal Trade Commission and was supplied to the Army and Navy during the war. It is less toxic than cocaine and is probably the safest and best local anesthetic that can be used. Procaine-Arenalin Tablets, No. 1. **\$1.28**  
Bottles of 100, Net.....

## Parresined Lace-Mesh Surgical Dressing

By the use of this Dressing it is possible to apply an antiseptic (Dichloramine-T-Chlorocresol is best), directly to the wound, at the same time providing for drainage, and assuring its removal without pain or discomfort, and with a saving of time and expensive gauze and cotton over-dressings. List price: 10-yard roll, \$3.50; **Net price..... \$2.63**

Also supplied in boxes of 6 envelopes, each containing a strip 6x18 inches. List price: \$1.60; **Net price..... \$1.20**



## Cinchophen

(Abbott)  
(Phenylcinchoninic Acid,  
U. S. P.)

Indicated in Gout. This is probably the best of all remedies for Gout and the many affections of uric-acid origin. The net price per tube **94c**  
of 20 tablets is.....

Bottle of 100 tablets..... **\$4.50**  
Ask your druggist for Abbott's Cinchophen.



## Barbital

(Abbott)  
(Diethylbarbituric Acid)

This is one of our safest hypnotics and sedatives. One to two 5-grain tablets taken at bedtime will induce quiet, restful, dreamless sleep.

Net price per 100 tablets ..... **\$3.38**

Prescribe Barbital (Abbott).

Complete Price List of the Abbott products or special literature on any of the items shown above, will be sent on request. Your orders will be filled promptly, direct through our home office or convenient branch points, or through the regular channels of the retail drug trade or physicians' supply houses. Urge your druggist to prescribe for your prescription convenience. Prices are subject to change without notice. Get your order in early.

## THE ABBOTT LABORATORIES

Home Office and Laboratories

Dept. 32, Chicago, Ill

NEW YORK SAN FRANCISCO SEATTLE LOS ANGELES TORONTO BOMBAY



**The  
Management  
of an  
Infant's Diet**

# Constipation

In a very large percentage of cases of constipation in early life, this annoying condition is due largely to some fault in the diet, and usually the difficulty can be easily traced to an incomplete digestion of protein or of fat. By changing the food and advising a daily diet prepared according to

## The Mellin's Food Method of Milk Modification

the condition is very often corrected immediately, for the reason that Mellin's Food helps materially in the digestion of cow's milk. In cases where the condition has persisted for some time, simple changes in the proportion of Mellin's Food, milk and water will soon bring about normal stools.

Practical suggestions relative to the readjustment of the diet are set forth clearly in the chapter on "Stools" in our book, "Formulas for Infant Feeding." We also have a pamphlet devoted particularly to the subject, and all of this literature will be sent to any physician upon request.

**Mellin's Food Company,**

**Boston, Mass.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

H. GRADY CALLISON, *Acting Registrar,*  
Calhoun and Lucas Streets,  
Charleston, S. C.

Session opens  
September 29th, 1919.

# B&B Surgical Dressings



## B&B Adhesive

The result of 25 years of study and improvement. Made by masters of Adhesive.



## B&B Plaster Paris Bandages

In double-walled containers. Wrapped in water-permeable paper which need not be removed in wetting. Extra plaster for finishing.



## B&B Handy-Fold Gauze

Sealed in parchmine envelopes, either 10 or 30 in a box.

## Where They Excel

*B&B Surgical Dressings* are sterilized after packing. They are sterilized by live steam following a vacuum.

Bacteriological tests are constantly made on center fibers to prove the method's efficiency.

*B&B Adhesive* will meet all your ideals on adhesive.

Three leading experts in this line are in our laboratory. Each has spent over 20 years in the study of adhesive.

*B&B Plaster Paris Bandages* come in double-walled containers, to protect them from moisture.

They are wrapped in water permeable paper which need not be removed in wetting.

Within the walls is a supply of extra plaster for finishing.

*B&B Formaldehyde Fumigators*. They comply with Government standards.

So with all B&B Products. We have studied and met your requirements.

Many of the best ideas in this line have been developed in this laboratory.

We stand for what you stand for. Every use of these products will increase your respect for B&B ideals and methods.

**BAUER & BLACK** Chicago New York Toronto  
Makers of Sterile Surgical Dressings and Allied Products

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.



## Glandular Insufficiency

**W**HEREVER there is glandular insufficiency, diagnose the case and prescribe the rational treatment, specify ARMOUR'S and get Eudocrine Gland Preparations that are dependable.

No "ready-made" medicines will fit all cases. Therefore we are not offering "shot gun" combinations, but depend upon the physician to prescribe Thyroids, Corpus Luteum, Pituitary, Suprarenal, Thymus, Ovarian and other substances in such quantity or combinations as he may consider indicated. We supply tablets containing normal doses of each glandular substance for dispensing.

The Eudocrine Gland Products under the Armour label are made from fresh material which is dried in vacuum ovens at low temperature to prevent injury to active principles. Armour's Surgical Catgut Ligatures, plain and chromic, Emergency (20 inch) and Regular (60 inch) lengths are smooth, strong, sterile—"just what a ligature should be."

*Literature to Physicians on Request*

**ARMOUR & COMPANY**  
CHICAGO

## Use "Horlick's" —the Original and Genuine—

Recognized as Standard by the medical profession, who, for over a third of a century, have proven its reliability in the feeding of infants, nursing mothers, convalescents and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**  
*Racine, Wis.*



## *Books You Should Add to Your Library*

**DISEASES OF THE RECTUM.**—By Louis J. Hirschman, M.D., F.A.C.S. 3rd edition. 378 pages, 223 illustrations, 4 color plates. Cloth .....\$5.00

**ASTHMA.**—By O. H. Brown, M.D. Foreword by Dr. Geo. Dock. 330 pages, 36 engravings. Cloth .....\$4.00

**HANDBOOK OF GYNECOLOGY.**—By H. F. Lewis, M.D., and A. de Roulet, M.D. 452 pages, 177 illustrations. Cloth, \$4.00

**GONORRHEA IN WOMEN.**—By Palmer Findley, M.D. 112 pages. Cloth...\$2.00

**PRACTICAL SANITATION.**—By Fletcher Gardner, M.D. 2nd edition. 418 pages, 46 illustrations. Cloth ....\$4.00

**HOOKWORM DISEASE.**—By George Dock, M.D., and Charles C. Bass, M.D. 250 pages, 49 engravings, and color plate. Cloth .....\$2.50

**PELLAGRA.**—By Stewart R. Roberts, M.D., M.Sc. 272 pages, 89 engravings, color plate. Cloth .....\$2.50

**MALARIA.**—By Graham E. Henson, M.D. 220 pages, with 27 engravings, and color plate. Cloth .....\$2.50

**DISEASES OF THE SKIN.**—By H. H. Hazen, M.D. 540 pages, 233 illustrations, 4 color plates. Cloth.....\$4.00

**SYMPTOMS OF VISCERAL DISEASE.**—By F. M. Pottenger, M.D., F.A.C.P. 328 pages, 86 illustrations, 9 color plates. Cloth .....\$4.50

✉ Send in your order today for these important books. Special terms of payment on large orders can be arranged for. Ask for copy of our catalogue. Mention this journal when writing.

**C. V. Mosby Co.—Medical Publishers—St. Louis**

## **RADIUM-THERAPY DEPARTMENT** *of*

### **THE BIRMINGHAM INFIRMARY**

Established 1916

Radium in any form for the treatment of **MALIGNANT** and **BENIGN** conditions in which the use of Radium and **ALLIED MEASURES** has been definitely established. Patients requiring Radium treatment, that are strictly charity, we will gladly give them radium treatment and our services.

*Address communications to*

**BIRMINGHAM INFIRMARY**

**DR. W. C. GEWIN,**  
*President*

**BIRMINGHAM, ALA.**

**DR. H. F. WILKINS, B.S., M.D.,**  
*Radiologist*

## **ATLANTA RADIUM LABORATORY**

**929 CANDLER BUILDING**

**ATLANTA, GA.**

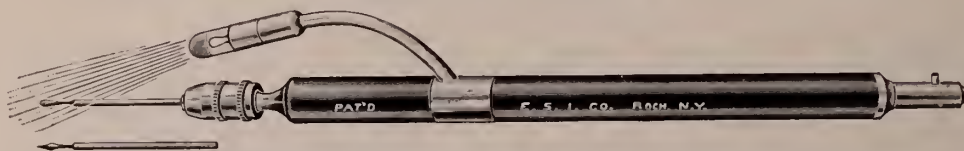
Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

# Illuminated Eye Spud



THIS SPUD GREATLY FACILITATES THE REMOVAL OF FOREIGN BODIES FROM THE CORNEA. THE SOURCE OF CONDENSED ILLUMINATION AND THE SPUD BEING INCORPORATED IN ONE INSTRUMENT, BOTH ARE CONTROLLED BY ONE HAND, LEAVING THE OTHER FREE FOR HOLDING OPEN THE LIDS, SO THAT NEITHER SPECULUM NOR ASSISTANT IS REQUIRED. PRICE WITH ONE SHARP AND ONE BLUNT SPUD . . . . . \$4.50

## Merry Optical Company

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS  
BIRMINGHAM

SURGICAL DEPARTMENT

KANSAS CITY, MO.

WICHITA  
LOUISVILLE  
DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY

Satisfactory **R** Work for more than 27 years



WILLIAM RAY GRIFFIN, M. D.  
BERNARD R. SMITH, M. D.  
Physicians in Charge  
V. E. LIVELY, R. N.,  
Superintendent of Nurses

**APPALACHIAN HALL**  
ASHEVILLE, N. C.

ADVISORY BOARD  
C. V. REYNOLDS, M. D.  
M. H. FLETCHER, M. D.  
C. L. MINOR, M. D.  
W. L. DUNN, M. D.

**For the Treatment of Nervous and Mild Mental Diseases, Drug and Alcohol Addictions**

Situated at one of the famous health resorts of the country where climate, air, water and scientific treatment combined, make it an ideal institution for its purpose.

All buildings modern and thoroughly equipped with every convenience. Twenty-five acres of beautiful grounds, consisting of large lawns and picturesque woodland.

Outdoor and indoor games and daily hikes, basketry and handiwork are a part of the treatment and patients are required to take part in all of these under the supervision of the occupational director. Electro-hydro and psychotherapy and massage are extensively used.

Special attention given to rest cases. A trained dietitian superintends the preparation of all food. Training school for nurses.

For further information address **DRS. GRIFFIN & SMITH, ASHEVILLE, N. C.**

C  
A  
L  
C  
R  
E  
O  
S  
E

# Full Creosote Action

For a time physicians lost faith in creosote because while it was possessed of valuable therapeutic properties, it could not be taken in doses large enough to be effective nor for a sufficiently long time to produce a permanent effect. Patients soon complained of gastric distress and discomfort, of nausea even, and refused to take any more creosote.

CALCREOSE is a mixture of calcium and pure beechwood creosote. It can be taken in fairly large doses (as high as 160 grains a day have been taken) and for months at a time without causing any gastric distress, and the full therapeutic effect of the creosote is made manifest. CALCREOSE contains approximately 50 per cent of creosote. Therefore CALCREOSE is an ideal means for administering creosote in all those conditions in which creosote is indicated, especially the various forms of acute and chronic bronchitis and the respiratory complications of Influenza. As a gastrointestinal antiseptic, CALCREOSE exhibits full creosote effect.

*For Samples and Literature Address*

**The Maltbie Chemical Company**

Newark, New Jersey

Use  
**SHERMAN'S**  
Bacterial Vaccines

TO

Protect Your Patients

AGAINST

COLDS      INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line, ten miles from the center of the city, near a beautiful suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns. Buildings are steam-heated, electrically lighted, and many rooms have private bath. Building for mental patients absolutely fireproof. Every equipment for the scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building      ATLANTA, GEORGIA



# CALUMET BAKING POWDER

Wholesome - Clean - Dependable

---

**Wholesome** because it is made of the highest grade materials possible to obtain and contains only such ingredients as have been officially approved by United States Food Authorities.

**Clean** because it is manufactured in the largest, finest and most sanitary baking powder plant in the world, equipped with specially designed machinery to prevent exposure and contamination. The powder is not touched by human hands during the process of manufacture from the start to the finish in the sealed can.

**Dependable** because every possible precaution known to baking powder scientists — 30 years of practical experience in manufacturing baking powder and the combined knowledge of a staff of baking powder experts is used to make its keeping qualities perfect.

**Doctors** can safely recommend Calumet Baking Powder for its wholesomeness and perfect leavening qualities.

*PURE IN THE CAN and PURE IN THE BAKING*

**CALUMET BAKING POWDER COMPANY**  
CHICAGO, ILLINOIS

**PETTEY & WALLACE  
958 S Fifth Street  
MEMPHIS, TENN.  
SANITARIUM**



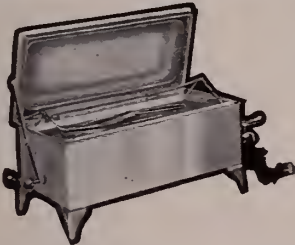
FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM  
MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



**Safety Automatic Electric Sterilizer**  
UNCONDITIONALLY GUARANTEED

10 Days' Free Trial Offer. Sold with the understanding that if not entirely satisfactory same should be returned to us within 10 days and money will be promptly refunded.

*Order from this ad. Specify current.*

9-3035 Size 10x5x4 in.....\$24.50  
9-3036 Size 17x7x5 in..... 28.50

**FRANK S. BETZ CO., HAMMOND, IND. Chicago Salesrooms 30 E. Randolph St.**

“IN probably no other line of business in Florida does one firm so far outclass all its competitors as does the RECORD COMPANY when it comes to fine printing.”

One of the biggest printing buyers in Florida said that.

## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

### The Wassermann Test

"I can not urge too strongly upon the profession the necessity for submitting material for this test to well-qualified serologists if reliable results are to be obtained."

CHARLES F. CRAIG, M.D., Col., M.C., U. S. A.

The Wassermann Test, Mosby, St. Louis.

We perform these tests every day in the week except Sunday.

Reports wired upon request.

*Address*

**Drs. Bunce and Landham**  
821-826 Healey Bldg., ATLANTA, GA.

## FOR DIET CONTROL IN INFANT FEEDING

The choice of these dependable products affords the physician convenient means of selecting food mixtures suited to the individual requirements of the individual cases.

### MEAD'S DEXTRI-MALTOSE No. 1

(With Sodium Chloride, 2%)

For general use in infant feeding. Especially indicated in infants recovering from diarrhea, infants with feeble powers of digestion who have tendencies to diarrhea. Valuable as an addition to Protein Milk.

### MEAD'S DRY MALT SOUP STOCK

For difficult feeding cases. Indicated in marasmus, weight disturbance (failure to gain), infants afflicted with recurrent diarrhea from intestinal indigestion, and those cases occasionally met which do not do well on milk, water and sugar mixtures.

### MEAD'S DEXTRI-MALTOSE No. 3

(With Potassium  
Carbonate, 2%)

For use in constipation, when boiled feedings are used, or where the addition of potassium to the infant's diet is indicated.

*Full information regarding these products furnished on request*

**MEAD JOHNSON & CO., EVANSVILLE, IND.**



C  
A  
L  
C  
R  
E  
O  
S  
E

# Full Creosote Action

For a time physicians lost faith in creosote because while it was possessed of valuable therapeutic properties, it could not be taken in doses large enough to be effective nor for a sufficiently long time to produce a permanent effect. Patients soon complained of gastric distress and discomfort, of nausea even, and refused to take any more creosote.

CALCREOSE is a mixture of calcium and pure beechwood creosote. It can be taken in fairly large doses (as high as 160 grains a day have been taken) and for months at a time without causing any gastric distress, and the full therapeutic effect of the creosote is made manifest. CALCREOSE contains approximately 50 per cent of creosote. Therefore CALCREOSE is an ideal means for administering creosote in all those conditions in which creosote is indicated, especially the various forms of acute and chronic bronchitis and the respiratory complications of Influenza. As a gastrointestinal antiseptic, CALCREOSE exhibits full creosote effect.

*For Samples and Literature Address*

**The Maltbie Chemical Company**

Newark, New Jersey

Use  
**SHERMAN'S**  
Bacterial Vaccines

TO

Protect Your Patients

AGAINST

COLDS      INFLUENZA  
PNEUMONIA

WRITE FOR LITERATURE

*Manufacturer of Bacterial Vaccines*

**G. H. Sherman, M. D.**

DETROIT, MICH., U. S. A.



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line, ten miles from the center of the city, near a beautiful suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns. Buildings are steam-heated, electrically lighted, and many rooms have private bath. Building for mental patients absolutely fireproof. Every equipment for the scientific treatment of patients

*Address:* Dr. JAMES N. BRAWNER

701-02 Grant Building      ATLANTA, GEORGIA



# The Best By Every Test

## Calumet Baking Powder Excels

**CHEMICALLY**, it is correct. Enough of the acid phosphate in the powder has been replaced with Sodium Alum (which is not to be confounded with drug-store alum) to insure its keeping qualities and give it proper speed of action in the mix.

**PHYSICALLY**, it is pure. None but the highest quality of ingredients, carefully tested beforehand, are used in its manufacture, which is carried on in the largest and most sanitary baking-powder plant in the world. The powder is not touched by human hands at any point in the process.

**PHYSIOLOGICALLY**, it is wholesome. There are no tartrate residues.

**DOMESTICALLY**, it is efficient and dependable. It keeps well. It gives off its gas neither too quickly or too slowly, but penetrates the entire mix. It produces a dainty and healthful baking.

For all these reasons, CALUMET is the favorite baking powder in millions of American homes, and is widely used in hotels and public institutions. It commands the recommendation of thoughtful physicians.

Special terms for  
hospitals, sanitariums, etc.



**PETTEY & WALLACE**  
**SANITARIUM**  
 958 S Fifth Street  
 MEMPHIS, TENN.



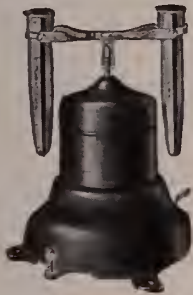
FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM**  
**MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.



**ELECTRIC CENTRIFUGE**

9-4215  
 2 ARM  
 \$18.50

No physician's outfit is complete without a centrifuge. Our special offer enables you to secure a fully guaranteed Electric Centrifuge at a most attractive price; built with universal motor for either alternating or direct current.

9-4216  
 4 ARM  
 \$27.50

**FRANK S. BETZ CO. - HAMMOND, IND.**

Chicago Salesrooms, 30 E. Randolph St., 3rd Floor

New York, 6-8 W. 48th St.

“IN probably no other line of business in Florida does one firm so far outclass all its competitors as does the **RECORD COMPANY** when it comes to fine printing.”

One of the biggest printing buyers in Florida said that.



## Laboratories of Drs. Bunce and Landham

### Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

### The Wassermann Test

"I can not urge too strongly upon the profession the necessity for submitting material for this test to well-qualified serologists if reliable results are to be obtained."

CHARLES F. CRAIG, M.D., Col., M.C., U. S. A.

The Wassermann Test, Mosby, St. Louis.

We perform these tests every day in the week except Sunday.

Reports wired upon request.

*Address*

**Drs. Bunce and Landham**

821-826 Healey Bldg., ATLANTA, GA.

## FOR DIET CONTROL IN INFANT FEEDING

The choice of these dependable products affords the physician convenient means of selecting food mixtures suited to the individual requirements of the individual cases.

### MEAD'S DEXTRI-MALTOSE No. 1

(With Sodium Chloride, 2%)

For general use in infant feeding. Especially indicated in infants recovering from diarrhea, infants with feeble powers of digestion who have tendencies to diarrhea. Valuable as an addition to Protein Milk.

### MEAD'S DRY MALT SOUP STOCK

For difficult feeding cases.

Indicated in marasmus, weight disturbance (failure to gain), infants afflicted with recurrent diarrhea from intestinal indigestion, and those cases occasionally met which do not do well on milk, water and sugar mixtures.

### MEAD'S DEXTRI-MALTOSE No. 3

(With Potassium  
Carbonate, 2%)

For use in constipation, when boiled feedings are used, or where the addition of potassium to the infant's diet is indicated.

*Full information regarding these products furnished on request*

**MEAD JOHNSON & CO., EVANSVILLE, IND.**

# The Chlorazene

## DAKIN ANTISEPTICS

### READY FOR USE BY DISSOLVING IN WATER

Chlorazene is the simplified Dakin antiseptic.

No laboratory apparatus nor involved and technical process is required for its use.

Chlorazene may be used in twice the strength of the sodium hypochlorite solutions without irritation.

Chlorazene is stable — it will keep indefinitely.

Irrigative solutions for use according to the Carrel-Dakin method may be prepared with Chlorazene promptly and economically.

Hospital Package No. 1 of Chlorazene Powder makes 4 gallons of 0.25 per cent. solution and costs only 68 cents net.

Chlorazene Tablets have a wide range of usefulness in surgery and general practice.

One tablet dissolved in one ounce of water makes a 1 per cent. solution and is used for cuts and wounds, boils, carbuncles and ulcers and skin affections.

One tablet dissolved in 4 ounces of water ( $\frac{1}{4}$  per cent. solution) is effective as a gargle, mouth wash and nasal douche.

As a vaginal douche four tablets are used to a quart of water.

*Send for interesting booklet*

## THE ABBOTT LABORATORIES

Dept. 32, CHICAGO

New York Seattle San Francisco Los Angeles Toronto Bombay

*Druggists are  
stocked with  
Chlorazene.*

CHLORAZENE  
Surgical Cream  
—  
CHLORAZENE  
Surgical Gauze  
—  
CHLORAZENE  
Surgical Powder  
—  
CHLORAZENE  
Tablets  
—  
Aromatic  
CHLORAZENE  
Powder



PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

**The  
Management  
of an  
Infant's Diet**

# DIARRHEA

The importance of nourishment in intestinal disturbances that are so common during the warm weather is now recognized by physicians, and it is also appreciated that the nutrition furnished must be somewhat different than the milk modification usually supplied to the normal infant.

Food elements that seem to be particularly well adapted, mixtures that are suitable to meet the usual conditions, and the general management of the diet, are described in our pamphlet—"The Feeding of Infants in Diarrhea"—a copy of which will be sent to any physician who desires to become familiar with a rational procedure in summer diarrhea.

**Mellin's Food Company,**

**Boston, Mass.**

## MEDICAL COLLEGE *of the* STATE *of* SOUTH CAROLINA SCHOOLS *of* MEDICINE & PHARMACY

*Owned and controlled by the State.*

Rated in Class A by the Council on Medical Education of the American Medical Association. Members of the Association of American Medical Colleges and of the American Conference of Pharmaceutical Faculties.

New building with well-equipped laboratories. A full corps of efficient all-time teachers.

Located opposite the Roper Hospital and very near the Charleston Museum, thus affording the students more extensive opportunities for research and training.

Requirements for Admission to the Medical School are a diploma or certificate from your high school which requires not less than 14 units for graduation, and in addition to this two years of college work. The two years of college work must include credits for one year's work in physics, biology, chemistry and a modern foreign language.

Women admitted on the same terms as men.

*For catalogue address,*

Session opens  
September 29th, 1919.

H. GRADY CALLISON, *Acting Registrar*,  
Calhoun and Lucas Streets,  
Charleston, S. C.



# B & B Surgical Dressings

## Better Than You Require

The B & B object is not merely to meet your requirements. We have created new requirements, new standards.

Each B & B Product will in some way give you new ideas of what that product should be.

These B & B Products are 25-year evolutions. And countless authorities have helped us develop them.

A few of our methods will indicate to you the B & B idea.

All the B & B Sterile Dressings are sterilized after sealing. They are sterilized in the wrapper, by live steam following a vacuum. Then day by day we

prove the efficiency by subjecting center fibers to incubator tests.

*B & B Formaldehyde Fumigators* are twice the usual strength, conforming to Government standards.

*B & B Handy-Fold Plain Gauze* comes in separate pads in sealed parchment envelopes, sterilized after sealing.

*B & B Plaster Paris Bandages* come in double-walled containers, with extra plaster between the walls. They come wrapped in water permeable paper which need not be removed in wetting.

You will find like perfections in all B & B Products. When you try one of them you'll delight to use them all.



### B & B Zinc-Oxide Adhesive

### A Prime Example

A typical B & B product is the B & B Adhesive. An ideal Adhesive is a rare and difficult attainment.

Three masters of Adhesive are in charge of the B & B. Each has spent over twenty years in the study of this product. They have to aid them costly apparatus.

Here is one product, much used by you, in which B & B supremacy stands out conspicuously. It will indicate to you what the B & B methods mean.

BAUER & BLACK Chicago New York Toronto

*Makers of Sterile Surgical Dressings and Allied Products*

PLEASE MENTION THE JOURNAL WHEN WRITING TO ADVERTISERS.

*Our advantages make us headquarters for the  
organo-therapeutic products*

## The Importance of a Hematinic in Syphilis

### *Armour's*

*Sterile Surgical Catgut  
Ligatures — plain and  
chromic — regular (60-  
inch), emergency (20-  
inch), sizes 000 to No. 4  
inclusive, are smooth,  
strong, and "just what a  
ligature should be."*



Practically every case of syphilis at one stage or another, suffers from the destructive influence of the virus on the corpuscular elements of the blood stream. The plan of treatment of most physicians embraces a blood maker, and the QUICK RESPONSE OF SYPHILITIC CACHEXIA to

### Extract of Red Bone Marrow

(Medullary Glyceride)

indicates that its selection for the purpose is most logical.

Prepared from fresh red bone marrow—the function of which seems to be the regeneration of blood corpuscles—this product may be depended upon as an effective blood builder and flesh maker.

*Literature to Physicians on Request*

**ARMOUR & COMPANY**  
CHICAGO

## Use "Horlick's" —the Original and Genuine—

Recognized as Standard by the medical profession, who, for over a third of a century, have proven its reliability in the feeding of infants, nursing mothers, convalescents and the aged.

*Samples prepaid upon request*

**Horlick's Malted Milk Co.**

*Racine, Wis.*

## *Books You Should Add to Your Library*

**DISEASES OF THE RECTUM.**—By Louis J. Hirschman, M.D., F.A.C.S. 3rd edition. 378 pages, 223 illustrations, 4 color plates. Cloth .....\$5.00

**ASTHMA.**—By O. H. Brown, M.D. Foreword by Dr. Geo. Dock. 330 pages, 36 engravings. Cloth .....\$4.00

**HANDBOOK OF GYNECOLOGY.**—By H. F. Lewis, M.D., and A. de Roulet, M.D. 452 pages, 177 illustrations. Cloth, \$4.00

**GONORRHEA IN WOMEN.**—By Palmer Findley, M.D. 112 pages. Cloth...\$2.00

**PRACTICAL SANITATION.**—By Fletcher Gardner, M.D. 2nd edition. 418 pages, 46 illustrations. Cloth ....\$4.00

**HOOKWORM DISEASE.**—By George Dock, M.D., and Charles C. Bass, M.D. 250 pages, 49 engravings, and color plate. Cloth .....\$2.50

**PELLAGRA.**—By Stewart R. Roberts, M.D., M.Sc. 272 pages, 89 engravings, color plate. Cloth .....\$2.50

**MALARIA.**—By Graham E. Henson, M.D. 220 pages, with 27 engravings, and color plate. Cloth .....\$2.50

**DISEASES OF THE SKIN.**—By H. H. Hazen, M.D. 540 pages, 233 illustrations, 4 color plates. Cloth.....\$4.00

**SYMPTOMS OF VISCERAL DISEASE.**—By F. M. Pottenger, M.D., F.A.C.P. 328 pages, 86 illustrations, 9 color plates. Cloth .....\$4.50

✉ Send in your order today for these important books. Special terms of payment on large orders can be arranged for. Ask for copy of our catalogue. Mention this journal when writing.

**C. V. Mosby Co.—Medical Publishers—St. Louis**

## **RADIUM-THERAPY DEPARTMENT**

*of*

## **THE BIRMINGHAM INFIRMARY**

Established 1916

Radium in any form for the treatment of MALIGNANT and BENIGN conditions in which the use of Radium and ALLIED MEASURES has been definitely established. Patients requiring Radium treatment, that are strictly charity, we will gladly give them radium treatment and our services.

*Address communications to*

### **BIRMINGHAM INFIRMARY**

DR. W. C. GEWIN,  
*President*

BIRMINGHAM, ALA.

DR. H. F. WILKINS, B.S., M.D.,  
*Radiologist*

## **ATLANTA RADIUM LABORATORY**

929 CANDLER BUILDING

ATLANTA, GA.

Radium for the treatment of conditions in which the use of radium is indicated.

For particulars address,

**COSBY SWANSON, M.D., Medical Director**



## SPECIALISTS:

In Eye, Ear, Nose and Throat work will find our line of Surgical Instruments, Accessories, Sundries, etc., unusually complete.

The filling of prescriptions for Ophthalmic Lenses is given the utmost care; backed by more than 27 years of real service.

## MERRY OPTICAL COMPANY

ST. LOUIS  
DES MOINES  
INDIANAPOLIS  
MEMPHIS  
TULSA, OKLA.  
BIRMINGHAM

SURGICAL DEPARTMENT  
KANSAS CITY, MO.

WICHITA  
LOUISVILLE  
DALLAS  
HOUSTON  
SAN ANTONIO  
OKLAHOMA CITY  
LITTLE ROCK, ARK.



WILLIAM RAY GRIFFIN, M. D.  
BERNARD R. SMITH, M. D.  
Physicians in Charge  
V. E. LIVELY, R. N.,  
Superintendent of Nurses

**APPALACHIAN HALL**  
ASHEVILLE, N. C.

ADVISORY BOARD  
C. V. REYNOLDS, M. D.  
M. H. FLETCHER, M. D.  
C. L. MINOR, M. D.  
W. L. DUNN, M. D.

**For the Treatment of Nervous and Mild Mental Diseases, Drug and Alcohol Addictions**

Situated at one of the famous health resorts of the country where climate, air, water and scientific treatment combined, make it an ideal institution for its purpose.

All buildings modern and thoroughly equipped with every convenience. Twenty-five acres of beautiful grounds, consisting of large lawns and picturesque woodland.

Outdoor and indoor games and daily hikes, basketry and handiwork are a part of the treatment and patients are required to take part in all of these under the supervision of the occupational director. Electro-hydro and psychotherapy and massage are extensively used.

Special attention given to rest cases. A trained dietitian superintends the preparation of all food. Training school for nurses.

*For further information address* **DRS. GRIFFIN & SMITH, ASHEVILLE, N. C.**

# CALCREOSE

## Gastrointestinal Infections

Creosote is an antiseptic, and one of the few drugs which appear to have a just claim to be useful as intestinal antiseptics, but its use for this purpose has practically been abandoned because it impairs the appetite and disturbs digestion, besides causing gastric distress and even nausea and vomiting.

CALCREOSE, which contains approximately 50 per cent of pure beechwood creosote, is free from these objections even when taken in comparatively large doses—as high as 160 grains per day (80 grains of creosote) have been taken without untoward effects—therefore,

CALCREOSE is an ideal intestinal antiseptic and its use is indicated in all cases of infection, either primary or secondary, of the intestinal tract, especially those met with during the spring and early summer months.

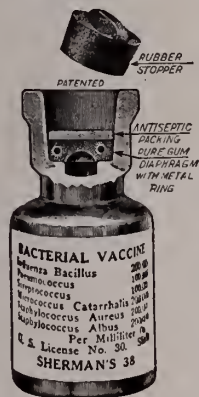
For further details and samples address

**The MALTBIE CHEMICAL COMPANY**  
NEWARK, NEW JERSEY



## Notice! SHERMAN'S VACCINES

Are Now Supplied in a New 10 Mil. (C.C.) Container



10 Mil. (c.c.)  
Twenty Preparations.  
Beyond the experimental stage.  
Millions of doses have been administered.

**G. H. Sherman, M. D.**

Manufacturer of Bacterial Vaccines  
DETROIT, MICH., U. S. A.

"Sherman's Vaccines are dependable Antigens"

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well-known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

*The largest producers of  
Stock and Autogenous  
Bacterial Vaccines.*



## Dr. Brawner's Sanitarium

ATLANTA, GEORGIA

For nervous and mental diseases with  
separate department for drug  
and alcohol addictions

The sanitarium is located on the Marietta trolley line, ten miles from the center of the city, near a beautiful suburb, Smyrna.

The grounds comprise eighty acres of shaded lawns. Buildings are steam-heated, electrically lighted, and many rooms have private bath. Building for mental patients absolutely fireproof. Every equipment for the scientific treatment of patients

Address: Dr. JAMES N. BRAWNER

701-02 Grant Building ATLANTA, GEORGIA

# An Ounce or a Pound?

**T**HE world has long since concluded that “an *ounce* of prevention is worth a *pound* of cure.” The most successful doctors—those who render a real service to humanity—are those who *conserve* health as well as *restore* it.

Pure, wholesome food is a well-known preventive of ill health; and for thirty years

## CALUMET BAKING POWDER

has excelled as a preparer of good food. It makes bread and biscuits light and digestible.

Doctors who have investigated the action, properties and residues of various leavening agents, recommend “CALUMET.” It is used in their own homes. Such ingredients as are used in the manufacture of “CALUMET” have been approved by the Remsen Board of consulting scientific experts, appointed by the United States Government and composed of men whose ability is acknowledged and whose conclusions are accepted.

A copy of the U. S. Bulletin No. 103, containing the findings of the Remsen Board, will be sent by us to any doctor upon request.

### CALUMET BAKING POWDER COMPANY

CHICAGO, ILLINOIS



**PETTEY & WALLACE**  
**SANITARIUM**  
 958 S Fifth Street  
 MEMPHIS, TENN.



FOR THE TREATMENT OF  
**DRUG ADDICTION, ALCOHOLISM**  
**MENTAL and NERVOUS DISEASES**

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method.

Detached building for mental patients.

## NEW BOOK ON ELECTRO THERAPEUTICS

The most complete and up-to-date book on Electro Therapeutic Apparatus. *Just off the Press. Sent free on request.*

—SIGN THIS COUPON AND MAIL TO—

FRANK S. BETZ Co., Hammond, Ind.

Name.....

Address.....

“IN probably no other line of business in Florida does one firm so far outclass all its competitors as does the RECORD COMPANY when it comes to fine printing.”

One of the biggest printing buyers in Florida said that.

## Laboratories of Drs. Bunce and Landham

Atlanta, Georgia

ALLEN H. BUNCE, A. B., M. D., *Director Pathological Department.*

JACKSON W. LANDHAM, M. D., *Director X-Ray Department.*

### The Wassermann Test

"I can not urge too strongly upon the profession the necessity for submitting material for this test to well-qualified serologists if reliable results are to be obtained."

CHARLES F. CRAIG, M.D., Col., M.C., U. S. A.

The Wassermann Test, Mosby, St. Louis.

We perform these tests every day in the week except Sunday.

Reports wired upon request.

*Address*

**Drs. Bunce and Landham**

821-826 Healey Bldg., ATLANTA, GA.

### RADIUM THERAPY

I wish to announce that I am fully equipped to apply Radium Therapy. It is now distinctly recognized that Radium has a distinct field, including pre-operative, post-operative and non-operative cases.

Your correspondence is solicited; your interests will at all times be carefully guarded.

LEE E. BRANSFORD, M. D.,

Suite 509-10-11-12 Professional Building

JACKSONVILLE, FLA.

NEXT PLACE OF MEETING — DAYTONA — MAY, 1920

# THE JOURNAL

— OF THE —

## Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI  
No. 1

St. Augustine and Jacksonville, Fla., July, 1919

Yearly Subscription, \$1.50  
Single Copy, 15c.

### CONTENTS

#### ORIGINAL ARTICLES.

A Brief Study of Influenza, Lt. J. M. Perret, M. C., U. S. N. R. F.....	1	Cancer Department: "The Undying Fire".....	22
Organizing for Community Health, O. H. Cox, Passed Asst. Surgeon U. S. P. H. S.....	8	Cornerstones in Foundation of Health.....	23
Propaganda for Reform .....	12, 33	Justice for the Crippled .....	25
		Camp Service Moves With Unflagging Zest... ..	25

#### EDITORIALS.

The New State Health Officer.....	17	Principal Causes of Death .....	28
Sir William Osler at Seventy—A Retrospect... ..	19	New and Nonofficial Remedies .....	31
The President-Elect, Surgeon General William C. Braisted .....	21	Publisher's Notes .....	34

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

## Some Day You Will Need Furunculosis Bacterin

And when you do you will need it most urgently. Possibly there is no class of bacterial infections that yields so quickly to bacterin therapy as the general run of boils, carbuncles, etc. You too, will agree after using

### Swan-Myers Furunculosis Bacterin No. 39

*Complete Price List and Clinical Suggestions on Request*

The following have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. for "New and Non-Official Remedies": Acne Bacterin No. 41, Furunculosis Bacterin No. 39, Pertussis Bacterin No. 38, Staphylococcus Bacterin No. 37, Streptococcus Bacterin No. 43, Typhoid Bacterin No. 44, Typhoid-Paratyphoid Bacterin No. 42, Swan-Myers Bulgarian Bacillus.

— Florida Dealers who carry Swan-Myers Bacterins: —

Corner Drug Store, Bartow

The Crystal Pharmacy, Pensacola

Hailes Pharmacy, Jacksonville

Pearce-O'Brien Drug Co., St. Petersburg

Red Cross Pharmacy, Lakeland

SWAN-MYERS COMPANY, INDIANAPOLIS, IND. U. S. A.  
PHARMACEUTICAL AND BIOLOGICAL LABORATORIES



# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

## *For Injuries to the Skin*

While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

Surgeons will find it useful to seal wounds after operations instead of collodion dressings.

It maintains the uniform temperature necessary to promote rapid cell growth.

It accommodates itself readily to surface irregularities without breaking.

## Stanolind Petrolatum

### *A New, Highly Refined Product*

Vastly superior in color to any other petrolatum heretofore offered.

The Standard Oil Company of Indiana guarantees, without qualification, that no purer, no finer, no more carefully prepared petrolatum can be made.

Stanolind Petrolatum is manufactured in five grades, differing one from the other in color only.

Each color, however, has a definite and fixed place in the requirements

of the medical profession.

"Superla White" Stanolind Petrolatum.

"Ivory White" Stanolind Petrolatum.

"Onyx" Stanolind Petrolatum.

"Topaz" Stanolind Petrolatum.

"Amber" Stanolind Petrolatum.

The Standard Oil Company, because of its comprehensive facilities, is enabled to sell Stanolind Petrolatum at unusually low prices.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.

## The Blandness of Dennos Modification

Raw unmodified cow's milk is far from being a bland food. In the normal stomach, it forms semi-solid curds, frequently of immense size so that complete gastric action requires four or five hours. Add



### DENNOS FOOD

and all this is changed. The milk becomes soft curdling. It coagulates into fine flocculent particles which present the greatest possible surface for action of digestive fluids.

Dennos also improves the composition of cow's milk by supplying all the rich carbohydrates, bone-building salts and vitamins of whole wheat. If you have not tried Dennos in infant and invalid feeding, let us send samples and formulas.

**Dennos Products Co.**

2025 Elston Ave., Chicago, Ill.

### PRESCRIPTION PRODUCTS

of

### Hynson, Westcott & Dunning

#### BULGARA TABLETS

50 in tube

#### LUTEIN TABLETS

50—5 Gr. in tube  
100—2 Gr. in tube

#### GLYCOTAURO TABLETS

72 in tube

#### BENZYL BENZOATE

Miscible Solution  
1 Fluid Ounce Bottles

Dose: 25 to 30 drops in water

SPECIFY H. W. & D.



## Best Fitted to Digest

Puffed Wheat and Puffed Rice are whole grains steam exploded. Corn Puffs are corn hearts puffed.

The process was invented by Prof. A. P. Anderson, formerly of Columbia University. The object is to blast all food cells for easy, complete digestion.

Ordinary cooking breaks part of the food cells. This process breaks them all. And it makes grain bubbles, thin and flimsy, with a delicious taste.

These delightful grains, cooked, toasted and exploded, are the best-cooked cereals in existence.

### The Quaker Oats Company

Chicago

**Puffed Wheat  
Puffed Rice  
Corn Puffs**

# THE HOUSE WITH A POLICY

## 5. *Therapeutic Efficiency.*

NEW medicinal products in large numbers are brought every year to the attention of physicians. A few of them are of decided value. Many of them are worthless. How is the physician to separate the sheep from the goats? How is he to know what dependence he may place upon a given product?

Realizing the great responsibility which rested upon us, we began in 1902 the organization of a Staff of Medical Co-workers. What does this Staff mean at the present time?

It means that 2400 physicians in the United States are coöperating with us daily in testing out new products. In this group are to be found many of the ablest specialists and general practitioners in the medical profession of America.

A new chemical synthetic, biological product, glandular agent, or pharmaceutical preparation, developed in our research laboratory, is first subjected to thorough animal experimentation, and then we turn the product and the laboratory data over to one group or another of these skilled men. The product is tried out thoroughly at the bedside and in the hospital, and sometimes two or three years of exhaustive experimentation is conducted before we

attempt to say whether or not it has justified itself.

These physicians coöperate with us in the interest of medical science. They are not paid for their work, and their names are never used. Our relationship with them is one of supreme confidence on both sides.

If this expert jury decides that a product is valueless, that product is promptly discarded, even though thousands of dollars and years of time may have been spent in its development. If, on the other hand, it is found to be one of great usefulness, then we are prepared to go before the medical profession feeling that we have something which we can offer with every confidence in its therapeutic efficiency.

For many years, therefore, Parke, Davis & Company have never offered a product to the physicians of the world until it has been first subjected to the most grilling tests. Physicians may be sure not only that it has been standardized, not only that it has been made to conform to the highest possible degree of quality, and that the utmost of science has been utilized in its manufacture, but also that its therapeutic value has been demonstrated beyond any question of doubt.

PARKE, DAVIS & COMPANY



THE JOURNAL  
— OF THE —  
Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI      St. Augustine and Jacksonville, Fla., August, 1919      Yearly Subscription, \$1.50  
No. 2      Single Copy, 15c

CONTENTS

ORIGINAL ARTICLES.	EDITORIAL.
The Medical and Surgical Treatment of Senile Cataract, W. Herbert Adams, M. D., D. O. (Oxon.) ..... 35	The Diagnosis of Tuberculous Colitis..... 48
Midwife Obstetrics, Wm. W. MacDonell, M. D. 39	Cancer Department: "The Nurse and the Campaign Against Cancer" ..... 49
Seminal Vesiculitis, Edgar Peters, M. D..... 41	The Vitamine Content ..... 50
Venereal Diseases, The Public Understanding and Misunderstanding of Them, H. E. Whitford, M. D. .... 43	Hark Ye, Military Relief Men..... 51
Chronic Dacrocystitis and Its Treatment, Alpheus K. Wilson, M. D..... 45	Occupational-Therapy Restoring Wounded.... 52
Propaganda for Reform ..... 45	New and Nonofficial Remedies..... 54

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

Some Day You Will Need  
Furunculosis Bacterin

And when you do you will need it most urgently. Possibly there is no class of bacterial infections that yields so quickly to bacterin therapy as the general run of boils, carbuncles, etc. You too, will agree after using

Swan-Myers Furunculosis Bacterin No. 39

*Complete Price List and Clinical Suggestions on Request*

The following have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. for "New and Non-Official Remedies": Aene Bacterin No. 41, Furunculosis Bacterin No. 39, Pertussis Bacterin No. 38, Staphylococcus Bacterin No. 37, Streptococcus Bacterin No. 43, Typhoid Bacterin No. 44, Typhoid-Paratyphoid Bacterin No. 42, Swan-Myers Bulgarian Bacillus.

Florida Dealers who carry Swan-Myers Bacterins:

Corner Drug Store, Bartow      Hailes Pharmacy, Jacksonville  
The Crystal Pharmacy, Pensacola      Pearce-O'Brien Drug Co., St. Petersburg  
Red Cross Pharmacy, Lakeland

SWAN-MYERS COMPANY, INDIANAPOLIS, IND. U. S. A.  
PHARMACEUTICAL AND BIOLOGICAL LABORATORIES

# Stanolind

Reg. U. S. Pat. Off.

# Surgical Wax

For use in the hot wax treatment of burns, surgical wounds and similar lesions.

It is unapproached in purity and may be applied without incorporating with it any therapeutic agent.

Many advanced workers advocate its use in that manner.

However, surgeons may use it as a base for any of the published formulas, and may be assured that it is the purest and best wax that modern science can produce.

It conforms to the requirements of the Council of Pharmacy and Chemistry of the American Medical Association.

## Stanolind Petrolatum

### *In Five Grades*

"Superla White" is pure, pearly white, all pigmentation being removed by thorough and repeated filtering.

"Ivory White," not so white as Superla, but compares favorably with grades usually sold as white petrolatum.

"Onyx," well suited as a base for white ointments, where absolute purity of color is not necessary.

"Topaz" (a clear topaz bronze) has no counterpart—lighter than amber—darker than cream.

"Amber" compares in color with the commercial grades sold as extra amber—somewhat lighter than the ordinary petrolatums put up under this grade name.

## STANDARD OIL COMPANY

(Indiana)

*Manufacturers of Medicinal Products from Petroleum*

910 S. Michigan Avenue

Chicago, U. S. A.

## Like Mother's Milk In Three Respects

Dennos Modification is not recommended as better than mother's milk, but when artificial feeding must be relied on, remember this:

1. Cow's milk plus Dennos may be almost identical in composition with mother's milk.
2. Cow's milk modified by Dennos becomes soft curdling and bland like mother's milk.
3. Cow's milk modified the Dennos way becomes safer from germs, because heating is required in the preparation.

*Samples of Dennos together with formulas sent on request*

**DENNOS PRODUCTS CO.**

2025 Elston Ave., Chicago, Ill.

## Children

For the diarrheas of infants of bacterial origin that are prevalent at this season

### Bulgara Tablets, H. W. & D.

Containing Active, Viable, Vigorous Bacilli Lactis Bulgarici, Type "A" (Massol-Grigoroff).

A practical form for the administration of this Organism.

*Many Favorable Reports and Largely Increased Sales During Nine Consecutive Years* would seem to give satisfying endorsement of the treatment.

Samples, bacteriological and clinical reports with method of treatment forwarded upon request.

**HYNSON, WESTCOTT & DUNNING**  
BALTIMORE



## Whole Wheat *Steam Exploded*

Puffed Wheat is whole wheat puffed to eight times normal size.

The grains are sealed in guns, then revolved for an hour in 550 degrees of heat. The moisture in each food cell is thus changed to steam.

When the guns are shot the steam explodes. Over 100 million steam explosions occur in every kernel. The food cells are thus blasted so digestion is easy and complete.

Puffed Wheat is fascinating in its texture and its taste. It is toasted bubbles, flimsy, flavory, crisp. As a breakfast dish or in bowls of milk there is nothing so delightful.

And it supplies whole-wheat nutrition in the ideal form.

Puffed Rice is whole rice puffed in like way. Corn puffs is pellets of hominy puffed.

**The Quaker Oats Company**

Sole Makers

## Puffed Wheat Puffed Rice Corn Puffs

*All Steam-Exploded Grains*



# THE HOUSE WITH A POLICY

## 4. *Integrity.*

FIFTY-TWO years is a long time to remain in business. Statistics show that the average life of commercial institutions is ten to twenty years. When a business house exists for more than half a century, and grows in power and influence during the entire period, one conclusion is inevitable: such a house is founded on the solid rock of integrity.

A business enterprise may endure for a time on some other foundation, but any great organization without honesty as its fundamental support is little better than sounding brass or tinkling cymbals. Its end is certain and inglorious.

Physicians who have been long in practice know that Parke, Davis & Co. have not only developed a large scientific staff to bring out new drugs and to improve old drugs, but are constantly using that staff also in the production of therapeutic agents which conform to the highest ideals of integrity.

During our fifty-two years of existence we have had just three administrations—three presidents

and three general managers. The same policies have guided us throughout. The same traditions have been uniformly observed. Today, as in previous years, it may be truthfully said that any plan to reduce cost at the expense of quality, any device to get business by other than honorable methods, any measure or consideration that is not precisely what it ought to be, is met with instant and final dismissal.

We want no benefit, no matter how great, no matter how profitable, if it cannot be gained honorably, and if after gaining it we cannot hold up our heads among our fellow-men.

We are always glad to have physicians inspect our laboratories. We invite their closest scrutiny. Those who have come here invariably go away with the conviction that our products are made on honor—that they are absolutely true to label—that what we say about them falls short of what might be said—that all sorts of precautions and checks, all kinds of tests and investigations, are employed to make them worthy of the confidence of the medical profession.

## PARKE, DAVIS & COMPANY

NEXT PLACE OF MEETING — DAYTONA — MAY, 1920

# THE JOURNAL

— OF THE —

## Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI  
No. 3

St. Augustine and Jacksonville, Fla., September, 1919

Yearly Subscription, \$1.50  
Single Copy, 15c.

### CONTENTS

#### ORIGINAL ARTICLES.

Stricture of the Ureter, With Report of Two Interesting Cases, J. Knox Simpson, M. D....	55
Anorexia Nervosa Complicated by Vomiting and Pain; a New Point in Diagnosis and a New Method of Treatment, Marvin H. Smith, M. D.	58
The Use and Abuse of Biologics, B. L. Arms, M. D. ....	60
Roentgen Diagnosis in its Broader Application, L. W. Cunningham, M. D. ....	62
Atypical Syphiloderms, J. L. Kirby-Smith, M. D.	63
A Correction .....	61
Propaganda for Reform.....	65

#### EDITORIALS.

"Accepted by the Council on Pharmacy and Chemistry" .....	67
Nutrition and Sex Expression.....	68
The American Public Health Association to Meet in New Orleans .....	70
Fraudulent "Cures" for Venereal Diseases.....	70
Wanted: One Million Workers.....	71
Roll Call of Americanism.....	71
New and Nonofficial Remedies.....	72
Publisher's Notes .....	73

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

## Some Day You Will Need Furunculosis Bacterin

And when you do you will need it most urgently. Possibly there is no class of bacterial infections that yields so quickly to bacterin therapy as the general run of boils, carbuncles, etc. You too, will agree after using

### Swan-Myers Furunculosis Bacterin No. 39

*Complete Price List and Clinical Suggestions on Request*

The following have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. for "New and Non-Official Remedies": Acne Bacterin No. 41, Furunculosis Bacterin No. 39, Pertussis Bacterin No. 38, Staphylococcus Bacterin No. 37, Streptococcus Bacterin No. 43, Typhoid Bacterin No. 44, Typhoid-Paratyphoid Bacterin No. 42, Swan-Myers Bulgarian Bacillus.

Florida Dealers who carry Swan-Myers Bacterins:

Corner Drug Store, Bartow  
The Crystal Pharmacy, Pensacola

Hailes Pharmacy, Jacksonville  
Pearce-O'Brien Drug Co., St. Petersburg  
Red Cross Pharmacy, Lakeland

SWAN-MYERS COMPANY, INDIANAPOLIS, IND. U. S. A.  
PHARMACEUTICAL AND BIOLOGICAL LABORATORIES



*"Nothing is good enough, if there is something better"*

—GEN. PERSHING

This aphorism can well be applied in the selection of equipment for the Roentgen Laboratory.

## The Victor Model "Snook" Roentgen Apparatus

*—A Mark of Distinction to the Roentgen Laboratory—*

bears the personal endorsement of the inventor of the interrupterless x-ray transformer, as being "the best x-ray machine of the present day art"—this being amply verified thru the selection of the "Snook" by hundreds of discriminating roentgenologists and institutions.

Equipped with the famous "Snook" cross-arm type of rectifying switch (4 arm), a distinguishing feature, this apparatus excels in that it permits of rectification of higher than ordinary high tension current, and still utilizing a greater portion of the desired wave than obtainable with any other device.

### VICTOR ELECTRIC CORPORATION

*Manufacturers of a Complete Line of Roentgen and Electro-Medical Apparatus*

CHICAGO  
236 S. ROBEY ST.

CAMBRIDGE, MASS.  
66 BROADWAY

NEW YORK  
131 E. 23d ST.

Territorial Sales Distributor  
BIRMINGHAM, ALA.: FREDERIC JOHNSON  
619 Brown-Marx Building



## Consider DENNOS for Hot Weather Feeding

Basic Constituent — Whole wheat — rich in mineral salts and vitamins.

Method of Preparation — Specific heating. Most efficient sterilizer.



Action on Milk — With Dennos, raw hard-curdling cow's milk is converted into a bland soft-curdling mixture.

Acceptability — Being bland and readily assimilable, Dennos minimizes digestive effort—a dietetic desideratum in hot weather.

Samples of Dennos on request. Also Dennos Prescription Pencil FREE.

**DENNOS**  
**Products Co.**

2025 Elston Ave.,  
Chicago, Ill.

THE PLAGUE OF SUMMER

## Infantile Diarrhea

(Of Bacterial Origin)

Treatment by the ingestion of the  
**Bulgarian Bacilli**

Has been growing in favor during the last nine years, evidenced by the CONSTANTLY INCREASING SALE of

**Bulgara Tablets**

H. W. & D.

A most convenient and reliable form for administering BULGARIAN BACILLI

*Samples and literature furnished on request*

The products of this laboratory, including Bulgara Tablets, are carried by the wholesale drug trade, generally, and by enterprising retail pharmacists all over the United States.

**The Hynson, Westcott & Dunning**

PHARMACEUTICAL LABORATORY

BALTIMORE - - MARYLAND



## Quaker Oats vs. Whole Wheat

Quaker Oats compares with whole-wheat flour as follows:

In calory value oats excel by about 10 per cent.

In protein by about 30 per cent.

In fat by about 400 per cent.

In minerals by about 200 per cent.

As compared with lean beef—with round steak—oats have twice the calory value. They have about three times the mineral value. The protein difference is about 15 per cent.

Meats, on the average, cost ten times Quaker Oats for the same calory value. And meats cannot compare with Quaker Oats as food.

# Quaker Oats

*Queen Grains Only*

Quaker Oats is flaked from queen grains only—just the rich, plump, flavy oats. The puny grains are all discarded, so we get but ten pounds from a bushel.

The result shows in that matchless flavor. It has won oat lovers all the world over to this delightful brand. Yet Quaker Oats are obtained for the asking, without any extra price.

**The Quaker Oats Company**

Chicago

3172

# THE HOUSE WITH A POLICY

## 3. *Quality.*

IN this series of "talks" we have discussed Research and Standardization. Let us now say a word about Quality.

The three subjects are closely related. The purpose of Research is to bring out new products and to improve old products. The purpose of Standardization is to establish therapeutic uniformity. Quality depends very largely upon the success with which these two purposes have been accomplished.

The house of Parke, Davis & Co. has been in existence for fifty-two years. During this long time it has steadily grown in the confidence and esteem of the medical profession.

Why?

Because physicians knew that we were bending every effort to turn out medicinal agents of the very best character obtainable. Because quality was always put above every other consideration.

The other day our chief chemist, in talking to a group of Parke-Davis salesmen, said:

"Gentlemen, I want to tell you one thing that you may not know. I can perhaps express it best by saying that our scientific department and our commercial

department are absolutely independent of each other.

"What do I mean? I mean this—that when we in the scientific division are bringing out a new product, or improving an old one, we never pay any attention to cost. We never consider cost at all. We work on a product for months or years, if necessary, until it is as nearly perfect as we can make it. Then, when the last word is said, the cost is figured—and it isn't figured until then.

"The commercial department takes this cost and establishes a selling price. It doesn't start in at the outset by telling us that we must keep within a certain cost. It doesn't turn the product back to us afterward and tell us that we must reduce the cost. We are left absolutely unhampered, and the only thing that we must consider is the highest possible ideal of quality."

This purpose has actuated our house from the very beginning. It furnishes the reason why quality and Parke, Davis & Co. have come to be considered as synonymous terms. When physicians use an article of our manufacture they know that it is absolutely the best that science can produce.

## PARKE, DAVIS & COMPANY

NEXT PLACE OF MEETING — DAYTONA — MAY, 1920

THE JOURNAL  
OF THE  
Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI      St. Augustine and Jacksonville, Fla., October, 1919      Yearly Subscription, \$1.50  
No. 4      Single Copy, 15c.

CONTENTS

ORIGINAL ARTICLES.		The Inheritance of Acquired Characters.....	85
The Wassermann Test As a Control in the Treatment of Syphilis, Graham E. Henson, M. D. ....	75	Spoiled Canned Food .....	86
Museum of American Red Crossiana, Irene M. Givenwilson .....	78	One, Two, Three—Go!.....	87
Cancer Department .....	79	Important New Decision on Reinstatement.....	89
Propaganda for Reform .....	81	From the Diary of an Red Cross Community Nurse .....	90
EDITORIALS.		Government Wants Workers in Venereal Disease Campaign .....	92
The Southern Medical Association.....	82	Third Survey of Hospitals .....	92
Artificial Pneumothorax .....	82	New and Nonofficial Remedies.....	92
The Calder Bill—A Vicious Measure.....	84	Publisher's Notes .....	93
Anthrax .....	85		

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

Epidemic being bacterial diseases  
create large demands for bacterial  
vaccines and therefore for

Swan-Myers Bacterins

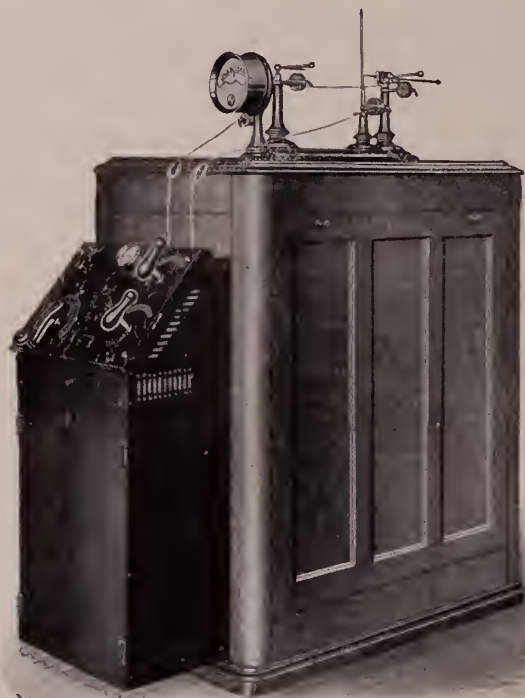
Complete price list and clinical suggestions  
on request.

Florida dealers who carry Swan-Myers Bacterins:

- Corner Drug Store .....Bartow
- The Crystal Pharmacy.....Pensacola
- Hailes Pharmacy .....Jacksonville
- Pearce-O'Brien Drug Co. ....St. Petersburg
- Central Drug Store .....Kissimmee
- Red Cross Pharmacy .....Lakeland

SWAN-MYERS COMPANY, INDIANAPOLIS, IND. U. S. A.  
PHARMACEUTICAL AND BIOLOGICAL LABORATORIES





## The Victor Model "New Universal" Roentgen Apparatus

This is the Victor apparatus that was selected for the Cantonment Hospitals of the U. S. Army. The wonderful record it established in Military Service, as regards durability and consistent operation, has influenced many "returned" physicians to make it their choice.

The "New Universal" represents the ideal moderate investment, where it is desired that the range of service cover entirely the fields of radiography, fluoroscopy and roentgenotherapy.

*Details in Bulletin 217—sent on request*

### VICTOR ELECTRIC CORPORATION

*Manufacturers of a Complete Line of Roentgen and Electro-Medical Apparatus*

CHICAGO  
236 S. ROBEY ST.

CAMBRIDGE, MASS.  
66 BROADWAY

NEW YORK  
131 E. 23d ST.

Territorial Sales Distributor  
BIRMINGHAM, ALA.: FREDERIC JOHNSON  
619 Brown-Marx Building

## THAT SEVENTH BABY

the one who loses out in the first year's fight for life—is, in one case out of four, a victim of food troubles.

### DENNOS FOOD

plays its beneficent part. Milk modified with Den- nos may be made almost identical in composition with mother's milk. Heat- ing automatically safe- guards it against bacterial taint. Recommend Den- nos. Give the bottle fed baby the maximum opportunity during the heat season.

Send for a free Den- nos Prescription Pencil

**Den- nos Products Co.**  
2025 Elston Avenue  
Chicago, Illinois



*Generous samples together with feed- ing formulas for infants of different ages sent to physi- cians on request.*

## Facts About the Oat

The oat yields 1810 calo- ries per pound in the energy unit of food value. Round steak yields 890.

One-sixth of the oat is body-building protein.

The oat is rich in needed minerals—richer than beef.

It is almost a complete food.

The cost of Quaker Oats is 5 cents per 1000 calories. Meats, eggs, fish, etc., will average ten times that cost.

## "SUMMER DIARRHEA"

INFANTILE

Clinical Reports  
of its

Successful Treatment  
with

*Bacillus Lactis Bulgaricus*

As Presented in

**BULGARA TABLETS**

H. W. & D.

Worthy of Investigation

*Reprints, Bacteriologic Endorsements and  
Other Information Upon Request*

**Hynson, Westcott & Dunning**  
PHARMACEUTICAL CHEMISTS

BALTIMORE - - MARYLAND

## Quaker Oats

***Are Extra-Flavory Flakes***

They are flaked from queen grains only—just the rich, plump, flavory oats. Puny grains are all discarded, so we get but ten pounds from a bushel.

The result is a flavor which has given Quaker Oats the top place the world over.

**The Quaker Oats Company**

Chicago

3107

# THE HOUSE WITH A POLICY

## 1. Research

THE house of Parke, Davis & Co. came into existence fifty-two years ago. It is proper to ask what motives have actuated it during this long period of service to the medical profession.

Both Mr. Parke and Mr. Davis, with prophetic vision, realized from the first that if the company was ever to become big and great, it must represent some definite, fundamental ideas. It must give the world something that the world did not possess before.

What fundamental ideas did the house come to represent? One of them was research work!

Long before it could well afford to do so, the company spent thousands upon thousands of dollars in original investigation. In the early days, for example, when the vegetable *materia medica* played a larger role than it does now, we were instrumental in placing many new plant drugs at the disposal of the physician. Twenty-one of these drugs subsequently became official in the National Formulary and the United States Pharmacopoeia.

Later on, in the orderly evolution of the *materia medica*, original work was undertaken in the realm of chemical and bio-chemical investigation, and this resulted in the discovery of a considerable number of medicinal agents that proved of distinct value to the physician. Of many such prod-

ucts we need mention only Adrenalin, Pituitrin and Apophesine to suggest the importance of these introductions.

During the last twenty-five years our researches have been especially devoted to subjects in the field of biological and glandular therapy. As early as 1894, indeed, we established a laboratory for the production of antitoxic serums, and since that time we have developed a research staff unequaled by any other commercial organization, and unsurpassed, perhaps, by any agency in the realm of medical investigation.

It is not our purpose to enumerate the new vegetable, chemical, biological and glandular products that we have introduced to the medical profession from time to time. Our object is merely to indicate the part we have played in the development of the *materia medica* during the last fifty-two years.

From the very first we have dedicated ourselves to original investigation. And not always has it been the object of our research work to turn out marketable products. We have frequently spent large sums in exhaustive investigations which in all probability would never lead to any commercial advantage, but which were undertaken with the primary desire to be of service to the medical profession and to humanity.

PARKE, DAVIS & COMPANY



NEXT PLACE OF MEETING — DAYTONA — MAY, 1920

# THE JOURNAL

— OF THE —

## Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI  
No. 5

St. Augustine and Jacksonville, Fla., November, 1919

Yearly Subscription, \$1.50  
Single Copy, 15c.

### CONTENTS

#### ORIGINAL ARTICLES.

Experiences of an Orthopedic Surgeon at a Port  
of Embarkation, J. W. Alsobrook, M. D. . . . . 94

Medical and Surgical Relief for War Heroes. . . 96

Cancer Department — Cancer a Controllable  
Disease—How the Women's Clubs Can Help. 104

Propaganda for Reform . . . . . 107

#### EDITORIAL.

The Asheville Meeting of The Southern Medi-  
cal Association . . . . . 108  
John D. Rockefeller's Gift. . . . . 108  
Influenza . . . . . 109  
The Menace of the Plague . . . . . 110  
Politics Plays with Public Health. . . . . 110  
The Alleged Food Value of Saccharin. . . . . 111

An Appeal for Human Embryological Material 111

New and Nonofficial Remedies. . . . . 112

Publisher's Notes . . . . . 112

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

Epidemics being bacterial diseases  
create large demands for bacterial  
vaccines and therefore for

## Swan-Myers Bacterins

*Complete price list and clinical suggestions  
on request.*

#### Florida dealers who carry Swan-Myers Bacterins:

Corner Drug Store . . . . . Bartow  
The Crystal Pharmacy. . . . . Pensacola  
Hailes Pharmacy . . . . . Jacksonville  
Pearce-O'Brien Drug Co. . . . . St. Petersburg  
Central Drug Store . . . . . Kissimmee  
Red Cross Pharmacy . . . . . Lakeland

**SWAN-MYERS COMPANY, INDIANAPOLIS, IND. U. S. A.**  
*PHARMACEUTICAL AND BIOLOGICAL LABORATORIES*



50  
%  
50

The progressive manufacturer of today obviously considers the interests of his customers equal in importance to his own.

His customers' interests are vital to his own—his future welfare in his particular field of manufacture.

When this sound principle dominates in conducting an organization, there is no need worrying about its future.

## The Victor Electric Corporation

has at its helm today the same men who upwards of three decades ago entered the field of manufacture to supply the electrical needs of the medical profession.

This same organized personnel, surrounded by select engineering talent, continues at the head of the largest institution in this country manufacturing exclusively X-Ray and Electro-Medical Apparatus.

To maintain a high standard, to keep the customer continually satisfied—these ideals in their application insure perpetuation of the business in a healthy growth

### VICTOR ELECTRIC CORPORATION

*Manufacturers of a Complete Line of Roentgen and Electro-Medical Apparatus*

CAMBRIDGE, MASS.  
66 BROADWAY

CHICAGO  
236 S. ROBEY ST.

NEW YORK  
131 E. 23d ST.

Territorial Sales Distributor  
BIRMINGHAM, ALA.: **FREDERIC JOHNSON**  
619 Brown-Marx Building

THE JOURNAL  
— OF THE —  
Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI      St. Augustine and Jacksonville, Fla., December, 1919      Yearly Subscription, \$1.50  
No. 6      Single Copy, 15c.

CONTENTS

ORIGINAL ARTICLES.	
The Qualified Nurse, John E. Boyd, M. D. ....	113
The Treatment of Ectopic Gestation, Thomas Truelsen, M. D. ....	116
Some Differences in Therapeutic Response Between the Caucasian and Afro-American, George Niles, Ph.G., M. D. ....	118
—————	
Propaganda for Reform .....	120
—————	
EDITORIALS.	
Physicians and Statistics .....	123
The Complexity and Cost of Modern Diagnosis .....	124
Hospitals for Contagious Diseases .....	125
The Oat as Human Food .....	126
—————	
Cancer Department — What We Know About Cancer .....	127
—————	
A Modern Meat-Packing Plant .....	128
—————	
New and Nonofficial Remedies .....	129
—————	
Publisher's Notes .....	131

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

Epidemics being bacterial diseases  
create large demands for bacterial  
vaccines and therefore for

Swan-Myers Bacterins

*Complete price list and clinical suggestions  
on request.*

Florida dealers who carry Swan-Myers Bacterins:

- Corner Drug Store .....Bartow
- The Crystal Pharmacy.....Pensacola
- Hailes Pharmacy .....Jacksonville
- Pearce-O'Brien Drug Co. ....St. Petersburg
- Central Drug Store .....Kissimmee
- Red Cross Pharmacy .....Lakeland

SWAN-MYERS COMPANY, INDIANAPOLIS, IND. U. S. A.  
PHARMACEUTICAL AND BIOLOGICAL LABORATORIES





***When You Buy  
X-Ray or Physio-Therapy Apparatus  
Know***

- Q "Victor" responsibility in backing up every piece of apparatus bearing the "Victor" trade mark.
- Q "Victor" users are the best reference for "Victor Quality."
- Q "Victor" facilities extend a personal service of real value to every "Victor" user—a personal service available in every part of the country.

**VICTOR ELECTRIC CORPORATION**

*Manufacturers of Roentgen and Physio-Therapy Apparatus*

*Branch*  
CAMBRIDGE, MASS.  
66 Broadway

*Main Office and Factory*  
**CHICAGO**  
Jackson Blvd. and Robey

*Branch*  
NEW YORK  
131 E. 23d St.

**Territorial Sales Distributor**  
**BIRMINGHAM, ALA.: FREDERIC JOHNSON**  
**619 Brown-Marx Building**

NEXT PLACE OF MEETING — DAYTONA — MAY, 1920

THE JOURNAL  
— OF THE —  
Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI      St. Augustine and Jacksonville, Fla., January, 1920      Yearly Subscription, \$1.50  
No. 7      Single Copy, 15c.

CONTENTS

ORIGINAL ARTICLES.

- Diagnosis of Upper Abdominal Symptoms,  
Henry C. Dozier, M. D. .... 132
- The Doctor and the Druggist, W. M. Hankins,  
Ph. S. .... 138
- Presidential Address: American College of  
Surgeons, William J. Mayo, M.D., F.A.C.S. 140

Propaganda for Reform..... 143

Cancer Department—Facts About Cancer..... 144

EDITORIAL.

- The New Bacchus ..... 145
- A Quarter Century of Serum Therapy in  
Diphtheria ..... 146
- Nearly 4,000 Nurses Listed..... 146

New and Nonofficial Remedies..... 147

Publisher's Notes ..... 149

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914



Dependability

Dependability is a characteristic feature of Swan-Myers Bacterins.

Only rigid scientific control can assure the maximum potency, the uniformity and the reliability of all products of biological origin.

It is worthy of note that the users of Swan-Myers Bacterins become enthusiastic converts to vaccine therapy.

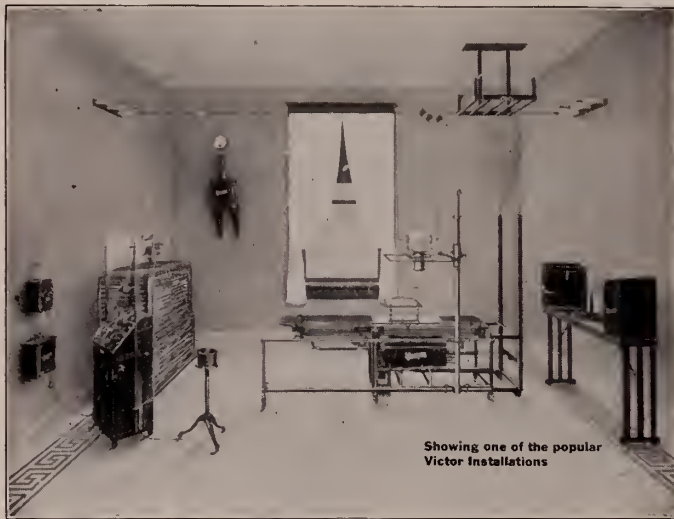
All biological products are made under United States Government License No. 58.

*A booklet on clinical suggestions with price list will be sent to those who request it.*

SWAN-MYERS BACTERINS

SWAN-MYERS CO., Indianapolis, Indiana

Pharmaceutical and Biological Laboratories



Showing one of the popular  
Victor Installations

## *The Opportune Time Is Now*

**Increased Production** means a greater volume of business.

**Greater Volume of Returns** means increased profits.

**Increased Profits** means the elimination of "H" from H. C. L.

**Now Is The Opportune Time for You** to increase the scope  
of your facilities—

**And The Fact** that the modern x-ray equipment is all-important—  
yes, indispensable—to progress in medical practice.

Let us help you solve the problem of increasing the range of your present x-ray equipment—to bring it up to the point where you diagnose those cases which today you are obliged to refer to others who maintain modern equipment in keeping with present day requirements.

*Be Independent—Self-Reliant*

**Suggests** the bringing of x-ray equipment up to the present day development, to give a wide range of service and

**Increase Your Revenue**

## VICTOR ELECTRIC CORPORATION

*Manufacturers of Roentgen and Physio-Therapy Apparatus*

*Branch*

*Main Office and Factory*

*Branch*

CAMBRIDGE, MASS.

CHICAGO

NEW YORK

66 Broadway

Jackson Blvd. and Robey

131 E. 23rd St.

Territorial Sales Distributor

BIRMINGHAM, ALA.: **FREDERIC JOHNSON**

619 Brown-Marx Building



THE JOURNAL  
— OF THE —  
Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI      St. Augustine and Jacksonville, Fla., February, 1920      Yearly Subscription, \$1.50  
No. 8      Single Copy, 15c.

CONTENTS

ORIGINAL ARTICLES.	EDITORIALS.
A Few Thoughts on Influenza and Its Relation to Pregnancy, R. R. Kime, M.D., F.A.C.S. . . . 150	Influenza . . . . . 163
The Extraction of Ureteral Stones by Non-Cutting Methods, E. P. Merritt, M. D. . . . . 153	Government Needs Physicians. . . . . 164
The Physician and the Harrison Law, E. B. Bowen . . . . . 154	The Professional Man's Income Tax. . . . . 164
American Proctologic Society . . . . . 155	Council on Health and Public Instruction. . . . . 166
Cancer Department—Cancer Is Increasing. . . . 160	New and Nonofficial Remedies. . . . . 166
Propaganda for Reform . . . . . 162	Publisher's Notes . . . . . 167

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914



Dependability

Dependability is a characteristic feature of Swan-Myers Bacterins.

Only rigid scientific control can assure the maximum potency, the uniformity and the reliability of all products of biological origin.

It is worthy of note that the users of Swan-Myers Bacterins become enthusiastic converts to vaccine therapy.

All biological products are made under United States Government License No. 58.

*A booklet on clinical suggestions with price list will be sent to those who request it.*

SWAN-MYERS BACTERINS

SWAN-MYERS CO., Indianapolis, Indiana      Pharmaceutical and Biological Laboratories



*When You Buy*  
*X-Ray or Physio-Therapy Apparatus*  
*Know*

- Q "Victor" responsibility in backing up every piece of apparatus bearing the "Victor" trade mark.
- Q "Victor" users are the best reference for "Victor Quality."
- Q "Victor" facilities extend a personal service of real value to every "Victor" user—a personal service available in every part of the country.

**VICTOR ELECTRIC CORPORATION**

*Manufacturers of Roentgen and Physio-Therapy Apparatus*

*Branch*  
CAMBRIDGE, MASS.  
66 Broadway

*Main Office and Factory*  
**CHICAGO**  
Jackson Blvd. and Robey

*Branch*  
NEW YORK  
131 E. 23d St.

**Territorial Sales Distributor**

**BIRMINGHAM, ALA.: FREDERIC JOHNSON**

**619 Brown-Marx Building**

## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street      PHILADELPHIA, PA.

## THE MENOPAUSE

Treated with

**CORPUS LUTEUM OF THE SOW**  
(Lutein Tablets, H. W. & D.)

Prominent gynecologists, authorities on the therapeutic use of corpus luteum, have stated that their best results from the administration of this remedy have been shown in the relief of the severe nervous symptoms, the extreme irritability and the hot and cold flushings and other manifestations of both the physiological and artificial menopause. Great relief and improvement have been secured from the treatment in about 90 per cent of such cases.

Reprints of papers substantiating the above statement sent upon request.

**LUTEIN TABLETS, H. W. & D.**  
(Corpus Luteum of the Sow)

In tubes { 50—5-grain tablets  
              { 100—2-grain tablets

**Hynson, Wescott & Dunning**  
BALTIMORE



## Made to Easily Digest

**Food Cells All Exploded**

Puffed Wheat is whole wheat, better-cooked than wheat ever was before.

The process was invented by Prof. A. P. Anderson, formerly of Columbia University. And it is this:

Whole grains are sealed in huge guns, then revolved for an hour in 550 degrees of heat. The trifle of moisture inside each food cell is thus changed to steam.

Then the guns are shot and the steam explodes. Over 100 million explosions occur in each kernel — one for every food cell.

The grains are puffed to bubbles, eight times normal size. They become savory tidbits, thin and crisp and flimsy. And every granule is fitted to easily digest.

So with all the Puffed Grains. All are steam-exploded. All are delightful foods. You find many conditions where such foods are ideal for your purpose.

**The Quaker Oats Company**  
Chicago

**Puffed Wheat  
Puffed Rice  
Corn Puffs**

32-2



# A House of Service

## *I—Studying the Needs of Physicians*

THE function of Parke, Davis & Company is to provide a service that will assist the medical profession in the treatment of disease. This service begins with a study of the medicinal needs of physicians. It embraces the investigation, manufacture and testing of therapeutic agents to meet those needs. It includes the efficient and economic distribution of medicinal products throughout the world.

Parke, Davis & Company were only twelve years old as a house when they realized the necessity of greater uniformity in therapeutic agents and gave to physicians something they had never had before—chemically standardized drug products. The importance of this service was promptly recognized. In a comparatively short time assayed medicinal agents were everywhere in demand by the medical profession.

A few years later the need of a more efficient means of treating diphtheria became a prominent subject of discussion in medical circles. In November, 1894, the International Congress of Hygiene met in Budapest. Diphtheria antitoxin was announced to the world. Parke,

Davis & Company immediately began the manufacture of this product. Biologic therapy was thus introduced to the Western Hemisphere.

The establishment of a biologic laboratory paved the way for further opportunities to meet the needs of physicians. Physiologic standardization of drug products became an established procedure. This notable contribution solved the problem of adjusting to definite standards of strength such potent drugs as ergot, digitalis, strophanthus and cannabis indica—drugs not amenable to chemical assay.

Later, medical men began to turn their attention to the use of endocrine products. Physiologic standardization made it possible to supply physicians with uniformly active glandular preparations.

There is an insistent demand to-day for improved methods in hypodermic medication. Parke, Davis & Company's answer to this demand is a growing list of sterilized ampoule solutions.

The business of this organization is to study the medicinal needs of the physician, and to meet those needs with efficient therapeutic agents.

## PARKE, DAVIS & COMPANY

## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones

No Rubber  
Elastic

Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1541 Diamond Street PHILADELPHIA, PA.

## BENZYL BENZOATE

THE ORIGINAL  
USABLE SOLUTION

Benzyl Benzoate Miscible, H. W. & D.  
Supplied in 2 fluid ounce bottles only

## NEW ANTISPASMODIC

Safe, Non-narcotic

May be successfully used instead of  
opium and its derivatives in all spasmodic  
conditions of the smooth muscles.

*Circulars Upon Request*

**Hynson, Wescott & Dunning**  
Baltimore



**5 Cents**

will serve five liberal dishes of  
Quaker Oats. That's the cost at  
this writing of a single egg.



**60 Cents**

is the cost at this writing of five  
lamb chops. A chop costs 12 times  
a dish of Quaker Oats.

## Cost Per 1000 Calories

Quaker Oats yield 1810 calories  
per pound. The cost is 5½ cents  
per 1000 calories.

Meats, on the average, cost about  
45c per 1000 calories, fish about  
50c, and eggs about 70c.

Yet the oat is almost the ideal  
food in balance and completeness.  
Most other foods cannot compare  
with it.

These are facts to spread, we  
argue, in these high cost days.

# Quaker Oats

A superior grade, flaked from  
queen grains only—just the rich,  
plump, flavorful oats. We get but  
ten pounds from a bushel. This  
grade means extra flavor without  
extra price.

**The Quaker Oats Company**  
Chicago

3234



## The Importance of Larger Doses

ONE in every ten cases of Diphtheria in the United States terminates in death, according to the New York City Board of Health. This high death-rate can be materially lowered by the early administration of large doses of diphtheria antitoxin. The average dose employed at the present time is 5000 units. Authorities assert that it should be 10,000 units.

Physicians who get the best results from diphtheria antitoxin give large doses early in the course of the disease. They administer initial injections of ten to twenty thousand units in all suspected cases. There is little danger from big doses. This fact is generally conceded. The real risk lies in reliance upon too small doses.

Higher unit dosage is now possible. Parke, Davis & Company are producing high-potency antitoxin that is from three to five times more concentrated than the serum supplied several years ago. What are the advantages of this concentrated and refined high-potency antitoxin? There is less liquid to inject, absorption is more prompt, results are quicker and better, lives are saved which would otherwise be lost.

Ask your druggist for P. D. & Co.'s Diphtheria Antitoxin.

**Parke, Davis & Company**

DETROIT



## Blocking Bacteria From Baby's Bottle

Cow's milk travels a germ infested route before reaching the kitchen. *Pure* milk is rare indeed. Heating is one of the simplest and safest methods for destroying pathogenic organisms in milk. This is a reason why you should prescribe the



### Dennos Modification

Heating is one of its essential requirements; when Dennos is used the baby's milk is being automatically safeguarded against bacteria.

Dennos renders the milk bland and easily digestible by breaking up the curd into fine, flocculent particles which present the greatest possible surface for action of the digestive fluids.

Sample of Dennos with literature and feeding formulas will be sent any physician on request.

**Dennos Products Co.**  
39 W. Adams St., Chicago, Ill.

## ASTHMA

Its treatment with

### BENZYL BENZOATE

See "Southern Medical Journal" July, 1919, page 370

"Case 4—Mrs. G., 30 years old. She has been suffering for several years with very acute attacks of asthma, which were not relieved by adrenalin and required morphin injections several times. The patient was given 20 drops of 20 per cent solution of benzyl benzoate four times a day and was improved more than by any other treatment. The blood examination showed 15 per cent of eosinophiles."

### Dysmenorrhea and Other Colics

See "The Journal" A. M. A., August 23, 1919, pages 599 and 601

Solution of

### Benzyl Benzoate Miscible, H. W. & D.

Each 5 minims represent 1 minim of Benzyl Benzoate Palatable when mixed with a liberal amount of water or a smaller quantity of milk and sweetened.

Supplied in Two Fluid Ounce Bottles. Through Trade or Direct.

Circular upon request

**Hynson, Wescott & Dunning**  
Baltimore



## Steam Exploded Wheat

Puffed Wheat is whole wheat puffed to eight times normal size. All the food cells are exploded.

By Prof. Anderson's process, the bit of moisture in each food cell is changed to steam. Then more than 100 million steam explosions are caused in every kernel.

Puffed Rice is whole rice puffed in like way. Corn Puffs is pellets of hominy puffed.

These are considered the best-cooked cereal foods in existence and best fitted to digest.

**The Quaker Oats Company**  
Chicago

**Puffed Wheat**  
**Puffed Rice**  
**Corn Puffs**



## The Importance of Larger Doses

ONE in every ten cases of Diphtheria in the United States terminates in death, according to the New York City Board of Health. This high death-rate can be materially lowered by the early administration of large doses of diphtheria antitoxin. The average dose employed at the present time is 5000 units. Authorities assert that it should be 10,000 units.

Physicians who get the best results from diphtheria antitoxin give large doses early in the course of the disease. They administer initial injections of ten to twenty thousand units in all suspected cases. There is little danger from big doses. This fact is generally conceded. The real risk lies in reliance upon too small doses.

Higher unit dosage is now possible. Parke, Davis & Company are producing high-potency antitoxin that is from three to five times more concentrated than the serum supplied several years ago. What are the advantages of this concentrated and refined high-potency antitoxin? There is less liquid to inject, absorption is more prompt, results are quicker and better, lives are saved which would otherwise be lost.

Ask your druggist for P. D. & Co.'s Diphtheria Antitoxin.

**Parke, Davis & Company**

DETROIT

## Diet in the Winter Diseases

Most of the common affections at this time of the year—influenza, pneumonia, diphtheria, tonsillitis and other contagions—are characterized by fever, marked weakness and disinclination to take food. (To maintain nutrition helps withstand the disease.)



### DENNOS FOOD

The Whole Wheat  
Milk & Modifier

with proper amount of milk furnishes a bland concentrated liquid diet highly suitable for feeding such invalids. Dennos surcharges the milk with rich assimilable carbohydrates essential to a fever diet. It reduces the curd to fine, flocculent particles, non-irritating and readily assimilable. May be made a valuable aid in reestablishing normal nutrition when vomiting, nausea or diarrhea is present.

Samples of Dennos  
sent on request

**Dennos Products Co.**  
2025 Elston Ave., Chicago, Ill.

## SYPHILIS

Its Treatment with

**Arsphenamine** } ARSENOBENZOL  
(Brands) }  
SALVARSAN

If this agent is to be administered and the  
Intramuscular Method is to be used

WE OFFER

**A Permanent Suspension in Neutral  
Water-Free Fat**

Sterile and ready to use, in ampules  
6 decigram dose, \$5.00

Two Size { One decigram—6 in a box  
Ampules { Three decigrams—2 in a box

*A sterilizable syringe with a 20-gauge needle  
is all the apparatus needed for injection*

Syringes: For 0.1, \$1.00; for 0.3, \$1.50

**Hynson, Westcott & Dunning**  
Baltimore

## H. C. L.

Meats are now costing on the  
average about

**50c per 1,000 Calories**

The average cost of fish is

**50c per 1,000 Calories**

Eggs are now costing

**60c per 1,000 Calories**

Quaker Oats are costing

**5½c per 1,000 Calories**

Two dishes of Quaker Oats for  
one cent—for the cost of a bite  
of meat.

Yet Quaker Oats is almost a  
complete food. It is nearly the  
ideal food.

The foods which cost nine  
times as much do not compare in  
nutrition.

These are breakfast facts, we  
argue, which people nowadays  
should know.

## Quaker Oats

We flake Quaker Oats from the  
queen grains only—from just the rich,  
plump, flavory oats. We get but ten  
pounds from a bushel. This extra  
flavor adds delight, and it costs no  
extra price.

**The Quaker Oats Company**  
Chicago 3223



# THE HOUSE WITH A POLICY

## 6. *Our Research Equipment.*

WE end this series of talks, as we began it, with a reference to our research equipment. For research, after all, is the fundamental doctrine in our creed.

Our principal function is to cooperate with the physician by placing at his disposal for the treatment of disease the most effective medicaments which science can produce. These medicaments may be old and familiar agents, in which case our purpose is to bring them up to the highest pitch of improvement. Or they may be entirely new contributions to the materia medica of the day. In either event continuous research and experimentation become imperatively necessary.

And so, as the years have rolled on, we have gradually built up a Research Laboratory of which we are proud. It stands out on the bank of the Detroit River, apart from our main plant, and its very isolation typifies the spirit of the enterprise. Here our investigators are surrounded with the true atmosphere of research work. They may spend months and even years in the completion of a given task, and the only obligation is that they shall do it conscientiously and well.

Physicians who visit our plant for the first time are invariably astonished at the size, scope and character of this Research Laboratory. They are surprised that we have such an equipment. They are amazed that a commercial house can be so thoroughly dedicated to the ideals of science. They ask us why it is that we have never adequately told the medical profession what we are doing, and always have been doing, along the lines of original investigation.

At the present time our research work is separated into sixteen sections. Over each section is a man of specialized training, and he is frequently of national and even international reputation. Each investigator has one or more technicians and other assistants, and altogether there is a research staff of about seventy.

The work is exceedingly varied in character. It covers the fields of pharmaceutical chemistry, biological chemistry, nutritional chemistry, bacteriology, pathology, physiology, cytology, parasitology, pharmacology, and the like. The task ramifies from year to year. It becomes more and more complex. And the future will doubtless witness a far greater development than the past has shown.

PARKE, DAVIS & COMPANY

NEXT PLACE OF MEETING — DAYTONA — MAY 12, 13, 1920

# THE JOURNAL

— OF THE —

## Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI  
No. 9

St. Augustine and Jacksonville, Fla., March, 1920

Yearly Subscription, \$1.50  
Single Copy, 15c.

### CONTENTS

#### ORIGINAL ARTICLES.

- There Should be More Care and Individuality  
Given to Obstetrics, J. H. Bickerstaff, M. D. . . 168
- Some Remarks Concerning Motor Insufficiency  
and Dilatation of the Stomach, With Thera-  
peutic Suggestions, George M. Niles, M. D. . 170
- Standardizing the Conception of Cardio-Vascular  
Depression . . . . . 173
- Cancer Department—Extension Work Progress-  
ing . . . . . 175
- Propaganda for Reform . . . . . 176

#### EDITORIAL.

- Diagnostic Value of Examination of the Spinal  
Fluid . . . . . 179
- The National Anæsthesia Research Society . . . 180
- The Privilege of Service . . . . . 181
- Favorable Health Statistics of the Summer of  
1919 . . . . . 182
- War Risk Insurance . . . . . 182
- New and Nonofficial Remedies . . . . . 183
- Publisher's Notes . . . . . 184

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914



## Dependability

Dependability is a characteristic feature of Swan-Myers Bacterins.

Only rigid scientific control can assure the maximum potency, the uniformity and the reliability of all products of biological origin.

It is worthy of note that the users of Swan-Myers Bacterins become enthusiastic converts to vaccine therapy.

All biological products are made under United States Government License No. 58.

*A booklet on clinical suggestions with price list will be sent to those who request it.*

# SWAN-MYERS BACTERINS

SWAN-MYERS CO., Indianapolis, Indiana

Pharmaceutical and Biological Laboratories



## Under the Hood

are found the vitals of the automobile—dependent on them are the usefulness and long life of the car.

So it is within the cabinet of the x-ray transformer—containing the vitals which cannot be dependent on artistic design and finish of cabinet to perform their functions.

The true worth of these machines is proved only in the long run.

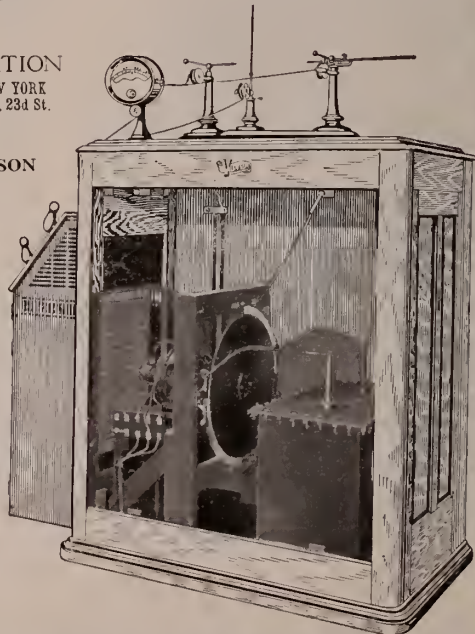
Victor X-Ray Apparatus is bought on the record of past performances. While we are maintaining this treasured prestige the customer obviously benefits.

### VICTOR ELECTRIC CORPORATION

CAMBRIDGE	CHICAGO	NEW YORK
66 Broadway	Jackson Blvd. and Robey	131 E. 23d St.

Territorial Sales Distributor

Birmingham, Ala.: **FREDERIC JOHNSON**  
619 Brown-Marx Building





NEXT PLACE OF MEETING — DAYTONA — MAY 12, 13, 1920

# THE JOURNAL

— OF THE —

## Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI  
No. 10

St. Augustine and Jacksonville, Fla., April, 1920

Yearly Subscription, \$1.50  
Single Copy, 15c.

### CONTENTS

#### CONTENTS.

Preliminary Program of the Annual Meeting of The Florida Medical Association .....	185	Botulinus Poison Never Present in Sound Food .....	191
Program of the Annual Meeting of Florida Rail- way Surgeons' Association .....	186	Propaganda for Reform.....	192
Report of Surgical Cases, R. R. Kime, M. D., F. A. C. S.....	187	Years and Powers .....	198
Principal Causes of Death .....	188	Disabled Soldiers .....	199
The Importance of Blood Pressure Observation in Surgical Prognosis .....	190	New and Nonofficial Remedies.....	200
		Publisher's Notes .....	201

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914



## Dependability

Dependability is a characteristic feature of Swan-Myers Bacterins.

Only rigid scientific control can assure the maximum potency, the uniformity and the reliability of all products of biological origin.

It is worthy of note that the users of Swan-Myers Bacterins become enthusiastic converts to vaccine therapy.

All biological products are made under United States Government License No. 58.

*A booklet on clinical suggestions with price list will be sent to those who request it.*

# SWAN-MYERS BACTERINS

SWAN-MYERS CO., Indianapolis, Indiana

Pharmaceutical and Biological Laboratories



## WHAT DOES IT MEAN TO YOU

**W**HEN a manufacturer informs you he cannot make immediate delivery of the apparatus in which you are interested?

Do you stop to reason that it is due to the big demand for his particular apparatus that there is a waiting list?

The Victor Electric Corporation has the largest plant in the world specializing in the manufacture of x-ray and physical therapeutic apparatus—in spite of which fact we are obliged to ask you to wait for some goods for which there is an insistent demand.

An insincere promise might get your order, but this is not consistent with Victor policy. Victor promises are not made to be broken.

*Just reason this out—then to be fair to yourself  
do not allow a delivery date to be the all-absorbing  
factor in the selection of apparatus which is all  
important to your work.*

### VICTOR ELECTRIC CORPORATION

*Manufacturers of Roentgen and Physical Therapeutic Apparatus*

66 Broadway  
Cambridge, Mass.

CHICAGO  
Jackson Blvd. and Robey

New York  
131 E. 23d St.

Territorial Sales Distributor

Birmingham, Ala. : **FREDERICK JOHNSON**  
**619 Brown-Marx Building**

# THE JOURNAL

— OF THE —

## Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI  
No. 11

St. Augustine and Jacksonville, Fla., May, 1920

Yearly Subscription, \$1.50  
Single Copy, 15c.

### CONTENTS

#### ORIGINAL ARTICLES.

- Reproduction, L. De M. Blocker, M. D. .... 202  
Pruritis Ani, Jack Holton, M. D. .... 203

#### CANCER DEPARTMENT.

- Florida Chairman Appointed ..... 206  
Propaganda for Reform ..... 206

#### EDITORIALS.

- The Forty-Seventh Annual Meeting ..... 207  
Florida's Medical Laws ..... 207  
Bonds Not Necessary for Physicians ..... 210  
Influenza of 1918 and 1920 ..... 211

- American Public Health Association to Celebrate Fiftieth Anniversary ..... 213

- Present Tuberculosis Problems ..... 213

- Endowment Fund Gifts Announced ..... 213

- Free Clinics for Trachoma Treatment ..... 214

- For Health of All Mankind ..... 216

- Publisher's Notes ..... 219

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914



## Dependability

Dependability is a characteristic feature of Swan-Myers Bacterins.

Only rigid scientific control can assure the maximum potency, the uniformity and the reliability of all products of biological origin.

It is worthy of note that the users of Swan-Myers Bacterins become enthusiastic converts to vaccine therapy.

All biological products are made under United States Government License No. 58.

*A booklet on clinical suggestions with price list will be sent to those who request it.*

# SWAN-MYERS BACTERINS

SWAN-MYERS CO., Indianapolis, Indiana

Pharmaceutical and Biological Laboratories





## X-RAY INVESTMENT INSURANCE

**B**EFORE you invest in stocks or bonds, you use every means at your command to ascertain the soundness of the issue, the financial responsibility and the personnel of the organization soliciting your confidence.

A reliable x-ray equipment represents another kind of investment, but its your money that's involved just the same.

The keystone of the Victor Electric Corporation is: Responsibility to every purchaser of Victor apparatus. Each time the prospective buyer "looks us up" before buying, we realize an advantage—so does he.

Thirty years of conscientious effort to lead rather than follow, is only one of the reasons for the predominance of Victor apparatus amongst the discriminating.

Buy Victor—a "safety first" on your investment.

### VICTOR ELECTRIC CORPORATION

*Manufacturers of Roentgen and Physical Therapeutic Apparatus*

Cambridge, Mass.	CHICAGO	New York
66 Broadway	Jackson Blvd. and Robey	131 E. 23d St.

Territorial Sales Distributor

Birmingham, Ala. : **FREDERICK JOHNSON**  
619 Brown-Marx Building

THE JOURNAL  
— OF THE —  
Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME VI      St. Augustine and Jacksonville, Fla., June, 1920      Yearly Subscription, \$1.50  
No. 12      Single Copy, 15c.

CONTENTS

ORIGINAL ARTICLES.	
The New Era, Wm. E. Ross.....	220
Proceedings of the Forty-Seventh Annual Meeting of the Florida Medical Association.....	222
Propaganda for Reform .....	227
EDITORIALS.	
The Forty-Seventh Annual Meeting.....	228
Pediatricians of the State Organize.....	229
The Value of Military Surgery in Civilian Practice .....	229
American College of Surgeons.....	231
New and Nonofficial Remedies.....	233
Publisher's Notes .....	233
Index .....	236

Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

TYPHOID IMMUNIZATION

THE prevention of typhoid fever is practically assured by the immunization with typhoid bacterin. The prevalence of the infection at bathing beaches, summer camps, on farms or in smaller communities lacking in sanitary utilities; as well as the dangers ever present in raw milk and vegetables, are sufficient reasons for the immunization of all who contemplate vacations or travel during the summer. The reaction is slight—the immunization is simple—and the potency requirements of the United States Public Health Service guarantee maximum protection.

Swan-Myers Typhoid-paratyphoid  
Bacterin No. 42

Conforms to all standards of the U. S. Public Health Service. Prepared under U. S. Gov't. License No. 58  
One 3-vial package (1 immunization), .75c; One 6-mil (Cc.) vial, \$1.00; One 20-mil (Cc.) vial, \$3.00; One hospital pkg. (12 complete immunizations) \$5.00



SWAN-MYERS BACTERINS

SWAN-MYERS CO., Indianapolis, Ind.,    Pharmaceutical and Biological Laboratories



## Are You Applying Physical Therapy In Your Practice?

Physical Therapeutics, a few years ago, was used by a comparatively few physicians to any appreciable extent, because only these few had investigated thoroughly and studied the subject sufficiently to be able to *apply these means intelligently*.

Physical Therapy is today established as an important means to successful medical practice. It has come into its own by the remarkable results accomplished during and since the war, by the U. S. Army Medical Department, also by the British and French Armies. The value of physical therapy is therefore no longer in doubt.

One of the first essentials for successful application of physical therapy modalities is: Correctly designed apparatus of a dependable quality that inspires confidence.

## Victor Physical Therapy Apparatus

has served in the field of medical science for more than twenty-five years. It embodies the skill and experience of craftsmen who have been specializing in the manufacture of electrical needs of the medical profession these many years. Victor apparatus therefore passed the experimental stage long ago—it is fully developed and being kept abreast of the times.

Let us give you full particulars on equipment suitable to your individual practice. We have a number of clinical reprints that are of pertinent interest—they will be mailed you upon request.

### Victor Electric Corporation

*Manufacturers of  
Roentgen and Physical Therapeutic  
Apparatus*

#### CHICAGO

Jackson Blvd. and Robey  
Cambridge, Mass.      New York  
66 Broadway      131 E. 23d St.

Territorial Sales Distributor:

**FREDERICK JOHNSON**  
619 Brown-Marx Building  
Birmingham, Alabama



Applying Slow Sinusoidal Current to extensor muscles  
of leg, building up the atrophied muscles  
U. S. General Hospital No. 28, Ft. Sheridan, Ill.



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**

1701 Diamond Street

PHILADELPHIA, PA.

## BLOOD

as a means of

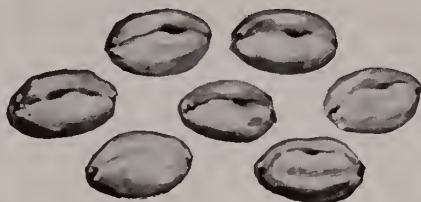
## DIAGNOSING

USEFUL AGENTS  
and  
CONVENIENT DEVICES  
for  
COLLECTING SPECIMENS  
and  
MAKING EXAMINATIONS

Keidel Vacuum Tubes  
Vacuum Culture Tubes  
(with Medium)  
Acidosis Determining Outfits  
Urease-Dunning  
for accurate urea estimations

Send for Catalogue

**Hynson, Westcott & Dunning**  
BALTIMORE



## Puffed Wheat In Actual Size

### Every Food Cell Exploded

Puffed Wheat is whole wheat puffed to bubbles, eight times normal size.

The grains are sealed in guns. The guns are revolved for one hour in 550 degrees of heat. The moisture in each food cell is thus changed to steam.

Then the guns are shot and the steam explodes. Over 100 million explosions occur in every kernel. Thus every granule of the whole wheat is fitted to digest.

All Puffed Grains are puffed in like way — by Prof. Anderson's process. The result is most enticing foods, thin, flavorful, flimsy morsels. And the best-cooked grain foods in existence.

They are always delightful, and in many conditions you'll consider them important.

**The Quaker Oats Company**  
Chicago

**Puffed Wheat  
Puffed Rice  
Corn Puffs**

# A House of Service

## *5—Distribution of Therapeutic Agents*

A PHYSICIAN can go into a drug store in New York, Chicago or San Francisco and get Parke, Davis & Co.'s standardized pharmaceutical, glandular and biological products. Likewise a physician can go into a drug store in Sydney, Tokio, Petrograd, Bombay, Paris, London, Havana or Buenos Aires and get these products.

Such a world-wide service to physicians is made possible because of our four manufacturing plants—one in Detroit; one in Walkerville, Canada; one in Sydney, Australia; and another in Hounslow, England.

From the several laboratories the products are sent to thirteen branch houses and depots in the United States and to nine branch houses and depots in foreign countries. The branch houses and depots in turn distribute the products among drug stores

all over the world and thus place them at the ready disposal of physicians.

This house could not serve the physician and his patients quickly without the assistance and co-operation of the druggist. The druggist, in other words, is the medium through whom it is possible to place a representative stock of our products in nearly every community, where they are immediately available in any emergency.

We maintain a staff of 434 salesmen and detailists. These men reach every habitable portion of the globe. Their function is not altogether that of selling, but of service to the physician as well. Trained in pharmacy, they render a useful service to physicians by showing how our products meet their needs and how physicians benefit through the use of standardized therapeutic agents.

## PARKE, DAVIS & COMPANY

## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1701 Diamond Street PHILADELPHIA, PA

## The Approaching Season

For Increased

### Infantile Diarrhea

May Remind You of

**Bulgara Tablets, H. W. & D.**

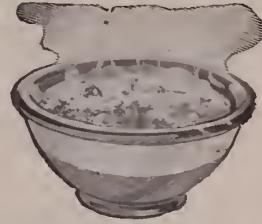
They Contain  
Active, Vigorous, Viable

**Bacillus Lactus Bulgaricus**

in the Most Convenient Form  
for Administration

*50 Tablets in Tube, Complimentary with  
Literature, upon Request*

**Hynson, Wescott & Dunning**  
BALTIMORE



**1 Cent Per Dish**  
is the cost of Quaker Oats.



**1 Cent Per Bite**  
is the average cost of meat.



**And 1 Cent Buys**  
but one-fifth of an egg.

Quaker Oats yields 1810 calories  
per pound. Round steak yields 890.

Quaker Oats cost 5½ cents per  
1000 calories. Meat, on the aver-  
age, costs 45c at this writing. Aver-  
age fish costs 50c per 1000 calories,  
and eggs about 70c.

Quaker Oats form almost the  
ideal food in balance and com-  
pleteness.

We argue that Quaker Oats, in  
these high cost days, should be  
the basic breakfast.

## Quaker Oats

An extra grade of oat flakes  
made from queen grains only—  
just the rich, plump, flavory oats.  
We get but ten pounds from a  
bushel. These flavory flakes will  
make the oat dish welcome.

**The Quaker Oats Company**  
Chicago

3286



# A House of Service

## *4—Testing of Therapeutic Agents*

**T**HIS house received a ton of ergot a few months ago. Samples of it were subjected to a series of physiological tests. The drug was only one-half as active as that demanded by our standard. The shipment was promptly rejected.

During the past three years difficulty was experienced in getting digitalin of a quality that would meet our requirements. Numerous samples were tested. They ranged in activity all the way from 25% to 75% of our specifications. The result is that no digitalin is supplied under the P. D. & Co. label at the present time.

Consignments of digitalis leaves received during the past few years showed a pronounced variation in activity when tested physiologically. One lot was three times as potent as the standard. Two others were respectively one-fourth and one-half as potent.

Recently a quantity of belladonna leaves was examined that assayed two-thirds of the desired strength. Another lot was twice as potent as the recognized standard. Several lots of acornite showed as much variation in activity as 400%, and hyoscyamus, on different occasions, varied as much as 500%.

Standard preparations of variable drugs, such as those mentioned, are made by increasing or decreasing the amount of raw material used in the manufacturing process.

Some time ago it was impossible to get strophanthus of good quality. The commercially available drug, when tested physiologically, proved to be only one-fourth as potent as the standard requirement. As a result, it was necessary to use four times the usual quantity of drug to make a product that would conform to the specifications of this house.

Methods of testing therapeutic agents are being devised and improved constantly in our scientific laboratory. Frequently there are no charted paths to follow—no established methods of determining the potency of drug products. In such cases we proceed to devise standards. A biological product for the control of hemorrhage was developed recently. How could the activity of the preparation be determined? And how could the product be adjusted to a uniform standard of activity? A physiological test was devised—a test which specifies that this hemostatic must shorten the coagulation time of the blood to at least one-third the normal for the test animal used.

Thousands of raw products are used by this house in manufacturing its three thousand pharmaceutical and biological preparations. Every substance is tested before it is accepted; and every finished preparation is likewise tested by the best available scientific method to insure a definite and uniform standard of activity.

## PARKE, DAVIS & COMPANY

## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**

1701 Diamond Street

PHILADELPHIA, PA.

## The Question

Whether or not to administer Arsphenamine and Mercury salts to be slowly absorbed by muscular tissue or otherwise, must be answered by the clinician.

We Offer for Intramuscular Injection

Sterile Perfect Suspensions of

**ARSPHENAMINE and of  
MERCURY SALICYLATE**

Ready for use when simply liquefied  
by heat

Also Solution in Oil of

**MERCURY BINIODIDE**

A sterilizable syringe with large long  
needle only apparatus needed  
for making injections.

Descriptive cards upon request

**Hynson, Wescott & Dunning**

Pharmaceutical Chemists

BALTIMORE . . . . MARYLAND



## No Unbroken Food Cells

### Steam-Exploded Wheat

Here is whole wheat, fitted, as never before, for easy, complete digestion.

The grains are steam-exploded—shot from guns. They get an hour of fearful heat—550 degrees. The moisture in each food cell is thus changed to steam.

When the guns are shot, that steam explodes. Each of the 125 million food cells is exploded separately. Thus every granule of the whole wheat is fitted to easily digest.

Ordinary cooking breaks but part of the food cells. This method breaks them all.

Puffed Rice is whole rice puffed in like way. Corn Puffs are pellets of hominy puffed.

Where ease of digestion must be considered, these are the ideal grain foods. They are also the most delightful grain foods that anyone ever tasted.

**The Quaker Oats Company**

Chicago

**Puffed Wheat  
Puffed Rice  
Corn Puffs**

3283

# A House of Service

## *3—Manufacture of Therapeutic Agents*

**T**HE house of Parke, Davis & Company has specialized for 53 years in the manufacture of therapeutic agents. As in other fields of human endeavor, this period has been marked by continuous improvement in products and processes.

For instance, the first pepsin, made forty-six years ago, had a digestive power of 1:12; that is, one grain would digest twelve grains of coagulated albumin. Its potency was increased to 1:100 seven years later, and subsequently to 1:500.

Today this house is producing pepsin which has a digestive power of 1:10,000, or more than eight hundred times the potency of the original product and over three times the standard requirement of the United States Pharmacopœia.

The first diphtheria antitoxin made by Parke, Davis & Company, a little over a quarter of a century ago, contained an

average of one thousand units to the dose.

Today, in the daily routine of the laboratory, diphtheria antitoxin is produced that makes it possible for physicians to administer ten thousand units or more in a single dose—an antitoxin that is approximately ten times as potent as that supplied twenty-five years ago.

Parke, Davis & Company were pioneers in the manufacture of glandular extracts, and their discoveries and improved methods have contributed materially to the development of the new science of endocrinology.

The suprarenal gland, for example, was used only to a limited extent in medicine until Adrenalin was made available to physicians. Likewise, the therapeutic value of the pituitary gland was unknown until this house gave to physicians a highly refined product, now recognized as the most potent oxytocic extant.

## PARKE, DAVIS & COMPANY



## The Storm Binder and Abdominal Supporter

Patented



Men,  
Women,  
Children  
and  
Babies

No Whale-  
bones  
No Rubber  
Elastic  
Washable  
as  
Underwear

For Hernia, Pertussis,  
Relaxed Sacro-iliac Artic-  
ulations, Floating Kidney,  
Obesity, Pregnancy, etc.

Send for Illustrated Folder and Testimonials of  
Physicians. Mail Orders filled within 24 hours.

**KATHERINE L. STORM, M. D.**  
1701 Diamond Street PHILADELPHIA, PA.

## Ovarian Dysfunctions

Including Especially Such Symptoms as

**Vomiting of Pregnancy**

and

**Dysmenorrhea**

Clinicians Report Successful  
Treatment with

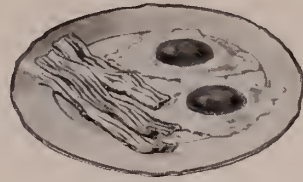
**Corpus Luteum—Lutein**  
(Ovarian Normalizer)

and

**Benzyl Benzoate—Miscible Solution**  
(Non-Narcotic Antispasmodic)

Pertinent Papers by Leading Gynecologists Sent upon Request

**Hynson, Wescott & Dunning**  
BALTIMORE



**14 Cents**

is about the cost at this writing of  
a breakfast of bacon and eggs.



**One Cent**

is the cost of a big dish of Quaker Oats. Yet the oat is almost a complete food—nearly the ideal food. It is well-balanced, rich in minerals, and it yields 1810 calories per pound.

## Saves 90 Per Cent

Quaker Oats costs 5½ cents per 1000 calories. At present writing meats average about 45c, fish about 50c, and eggs about 70c.

So Quaker Oats, for the same calory value, costs about one-tenth the average cost of the foods we cite.

Do you not think that in these days such facts should be made known?

# Quaker Oats

Extra-flavory oats which cost no extra price. They are flaked from queen grains only—just the rich, plump, flavory oats. We get but ten pounds from a bushel. Such flakes make the oat dish doubly likable.

**The Quaker Oats Company**  
Chicago

3285

# A House of Service

## *2—Investigation of Therapeutic Agents*

**T**HIS house was only seven years old when a definite plan of pharmaceutical investigation was inaugurated. That was in 1874. The vegetable materia medica was then attracting the attention of the medical world. Little systematic work, however, had been done to develop this new field or its possibilities.

Parke, Davis & Company sent botanical experts into various sections of the United States and Canada in search of new drugs. One expedition went to South America, where it journeyed three thousand miles down the Amazon and spent two years in collecting drug specimens.

The new drugs were first carefully studied in the laboratory. Fluid extracts were made and, together with specimens of the drugs, distributed to a large number of physicians throughout the United States, to hospitals, and to scientists connected with leading medical and pharmaceutical colleges. These investigators were invited to communicate the results of their researches, whether favorable or unfavorable, to the medical and pharmaceutical journals.

Subsequently the reports were collected, classified and published in a series of "Working Bulle-

tins" as a definite contribution to medical science. Information was in this way properly correlated—information from medical practitioners, from hospital attachés, from scientific experts engaged in more extended research in pharmacology, chemistry and pharmacy.

As a result of this work, Parke, Davis & Company introduced many valuable medicinal agents that are now recognized by the United States Pharmacopœia and the National Formulary.

At the present time two organized staffs of investigators are engaged in research along definite lines. The personnel of one staff consists exclusively of laboratory experts—chemists, biologists and pharmacologists. The other is a clinical staff composed of three thousand practicing physicians in all parts of the United States and Canada.

When a new serum, vaccine, gland product or synthetic agent is developed by one of our laboratory experts it is submitted to the staff of clinical workers, who subject it to exhaustive tests for an extended period. If the results of this investigation are favorable, the product is added to our list of therapeutic agents; if unfavorable, it is promptly discarded.

PARKE, DAVIS & COMPANY

